

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
48 HOUR RULE – MEDICATION LISTING FORM

Date: Click or tap to enter a date.

Presiding Justice
Name of Court
Address
City/Town, State Zip Code

RE: _____

Dear Sir/Madam:

Please be informed that _____ has received the following medication(s):

This medication does not negatively affect the patient's ability to participate in the court proceedings or competently advise his/her attorney. Whatever mental impairment might exist is the result of the patient's mental condition and not the direct effect of this medication.

Respectfully,

Psychiatrist
Acute Psychiatric Services