

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

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 proceeding 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(s).

Respectfully,

Psychiatrist

Title