

4-931. Acceptance of appointment, duties, and responsibilities as treatment guardian.

[For use with Rule 1-130 NMRA and Form 4-930 NMRA]

STATE OF NEW MEXICO
COUNTY OF _____
_____ DISTRICT COURT

In the Matter of _____, No. _____

**ACCEPTANCE OF APPOINTMENT, DUTIES,
AND RESPONSIBILITIES AS TREATMENT GUARDIAN**

I, _____ (*name of treatment guardian*), agree to perform the following duties and responsibilities in accordance with Section 43-1-15 NMSA 1978.

1. I shall make decisions on behalf of Respondent _____ (*name*) about whether to accept treatment.

2. I shall base decisions about whether to accept treatment on behalf of Respondent on whether the treatment appears to be in Respondent's best interest.

3. I shall verify that the proposed treatment is the least drastic means (i.e., **no more harsh, hazardous, or intrusive than necessary**) to achieve the treatment objectives for Respondent.

4. In making treatment decisions I shall

- (A) consult with Respondent and consider his or her expressed opinions;
- (B) consult with the mental health or developmental disabilities professional or physician who is proposing treatment;
- (C) consult with Respondent's attorney;
- (D) consult with any interested friends or relatives of Respondent to the extent reasonably practical; and
- (E) give consideration to previous decisions made by Respondent when Respondent was competent.

5. I shall have the authority to review and release information concerning Respondent as provided in Section 43-1-19 NMSA 1978. This authority is not intended to automatically limit Respondent's ability to access Respondent's own records,

including Respondent's ability to authorize an attorney to access such records. Any restrictions on Respondent's access will be made in accordance with state and federal law.

6. If during my term of appointment as treatment guardian I believe that Respondent has regained capacity to make Respondent's own decisions, I shall petition the court for termination of the treatment guardianship.

7. If during my term of appointment as treatment guardian I believe that I am unable to carry out the duties and responsibilities of a treatment guardian, I shall petition the court for substitution of treatment guardian.

I have read and understand the above explanation of my duties and responsibilities as a treatment guardian, and I promise that I will discharge the duties of that appointment in compliance with the requirements of law and for the best interest of Respondent, to the best of my ability.

Treatment Guardian

Date

[Adopted by Supreme Court Order No. 14-8300-013, effective for all cases filed or pending on or after December 31, 2014.]