

THE STATE OF NEW HAMPSHIRE

_____, SS.
Name of County

SUPERIOR COURT

**REQUEST FOR SUPERIOR COURT HEARING UNDER RSA 141-C:14-A
TO REVIEW ORDER OF MEDICAL EXAMINATION AND TREATMENT**

Name: _____

Address: _____

RSA 141-C:14-a, I provides that: “Any person subject to an order to submit a specimen under RSA 141-C or for examination, immunization, treatment, isolation, or quarantine, or any other order of the Commissioner under this chapter may request a hearing in the superior court to contest such order....”

I am subject to an Order of Medical Examination and Treatment issued by the Department of Health and Human Services pursuant to RSA 141-C:15.

I hereby request a hearing in the superior court to contest this order.

I understand that the submission of this completed form to the law enforcement official or other person who served this order on me shall be considered a filing with the superior court.

I understand that it is the responsibility of the law enforcement official or other person who served this order on me or a representative of the Department to whom I have given this form to promptly deliver this request for a hearing to the superior court in the county in which I live or in which I am to be examined or treated.

I understand that I have the right to a hearing within 48 hours of the time this request for a hearing is made.

I understand that I can be held in isolation while the hearing is pending.

I understand that I cannot be examined or provided medical treatment against my will while the hearing is pending.

Signature of Person Requesting Hearing

Date and Time of Signature