

1 **4-934. Petition for enforcement order.**

2  
3 [For use with Section 43-1-15(G) NMSA 1978]

4  
5 STATE OF NEW MEXICO  
6 COUNTY OF \_\_\_\_\_  
7 \_\_\_\_\_ DISTRICT COURT

8  
9 In the Matter of \_\_\_\_\_, SI No. \_\_\_\_\_

10  
11 **PETITION FOR ENFORCEMENT ORDER**

12  
13 Petitioner, \_\_\_\_\_, under Section 43-1-15 NMSA 1978, states the  
14 following.

15  
16 1. Petitioner was appointed as treatment guardian for Respondent, \_\_\_\_\_  
17 \_\_\_\_\_, on \_\_\_\_\_ (date) in Case No. \_\_\_\_\_

18  
19 2. Petitioner's appointment as treatment guardian shall terminate on \_\_\_\_\_  
20 \_\_\_\_\_ (date).

21  
22 3. Respondent is currently residing at \_\_\_\_\_  
23 \_\_\_\_\_ (Respondent's last-known address).

24  
25 4. Respondent has a mental disorder as defined by the New Mexico Mental Health  
26 Code, Section 43-1-3(O) NMSA 1978, and is currently diagnosed as follows:  
27 \_\_\_\_\_  
28 \_\_\_\_\_

29  
30 5. Respondent has been prescribed the following medication(s), on the following  
31 date(s), by the following authorized prescriber(s):

32

33 Medication	Date	Prescriber (name and contact info)
34 _____	_____	_____
35 _____	_____	_____
36 _____	_____	_____
37 _____	_____	_____

38  
39 6. Petitioner's last contact with Respondent was on \_\_\_\_\_ (date)  
40 by \_\_\_\_\_ (type of contact, e.g., in person, by telephone, etc.).

41  
42 7. Petitioner's last contact with the authorized prescriber who prescribed the  
43 medication that is the subject of this petition was on \_\_\_\_\_ (date).

1           8.     Respondent's last known contact with the authorized prescriber, a mental health  
2 practitioner, or a community provider was on \_\_\_\_\_ (date).  
3

4           9.     Respondent did not comply with Petitioner's treatment decision about the following  
5 medications, on the following date(s):  
6

7 Medication	Date
8 _____	_____
9 _____	_____
10 _____	_____

11  
12           10.    Petitioner made the following efforts to engage Respondent to comply with  
13 Petitioner's treatment decision(s): \_\_\_\_\_  
14 \_\_\_\_\_  
15 \_\_\_\_\_

16  
17           11.    Respondent responded to the efforts described in Paragraph 10 as follows:  
18 \_\_\_\_\_  
19 \_\_\_\_\_  
20 \_\_\_\_\_

21  
22           12.    Respondent reports taking medication(s) last on \_\_\_\_\_ (date).  
23

24           13.    The following individuals report that Respondent last took medication(s) on the  
25 following date(s):  
26

27 Name of individual	Medication	Date
28 _____	_____	_____
29 _____	_____	_____
30 _____	_____	_____

31  
32           14.    Petitioner has weighed the following risks and benefits about filing this petition:  
33 \_\_\_\_\_  
34 \_\_\_\_\_  
35 \_\_\_\_\_

36  
37           15.    If this petition is not granted, the following outcome is likely for Respondent:  
38 \_\_\_\_\_  
39 \_\_\_\_\_  
40 \_\_\_\_\_

41  
42           16.    The following options are available for administering the medication(s) in question  
43 to Respondent: \_\_\_\_\_  
44 \_\_\_\_\_  
45 \_\_\_\_\_

