THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

http://www.courts.state.nh.us

| Court Name: | | | | |
|--|--|------------|---------------|--|
| Case Name: | | | | |
| Case Number:(if known) | JOINT PETITION F | OR DIVORCE | | |
| Petitioner Name | | | | |
| Date of Birth | E-mail Address (optional) | | | |
| Residence Address | | | | |
| Mailing Address (if different) _ | | | | |
| Telephone Number (Home) _ | mber (Home) (Work) | | | |
| Respondent Name | | | | |
| Date of Birth | E-mail Address (optional) | | | |
| Residence Address | | | | |
| Mailing Address (if different) _ | | | | |
| Telephone Number (Home) _ | | (Work) | | |
| 3. City and state where parties w | and state where parties were married | | | |
| Date of Marriage | | | | |
| 4. Length of time parties have be | parties have been residents of New Hampshire (P) (R) | | | |
| 5. List minor children born to or adopted by the parties either before or during the marriage: | | | | |
| Name | Date of Birth | Cu | rrent Address | |
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If there are minor children born to or adopted by the parties either before or during the marriage, complete questions 6-9. This information is required under RSA 458-A, the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA).

It is important that you answer these questions with as much detail and accuracy as possible. Lack of adequate information could significantly delay orders being issued in your case.

There are several situations that might result in New Hampshire exercising jurisdiction over child/ren. The continuous presence of the child/ren in New Hampshire for six (6) months is not the only basis for jurisdiction. In some emergency situations, the court may be able to exercise jurisdiction on a temporary basis.

| Case Name: _ | | | | _ | | | | | | | |
|---|---|--|--|-------------------------|--|--|------------------|------------------|---------------------|---|-------------|
| Case Number: JOINT PETITION FOR DIVORCE 6. List the places where the minor child/ren of the parties has/have lived in the last five (5) years and the names of the people they lived with at that time, if you know. Start with where the child lives now and work backward in time. | | | | | | | | | | | |
| | | | | | | | Dates From/To | Town/City, State | Parent(s)/Caretaker | Current Address/Contac Address of Parent/Caretak | |
| | | | | | | | 1 10111/10 | | | Address of Farein/Caretai | Offina/Teff |
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| | | xtra Page (Form NHJB-265 | | | | | | | | | |
| claim to have | custody, physical c | a party to this proceeding custody or parenting time ess(es) of person(s): | , who have physical custody rights? ☐ Yes ☐ No | of the child/ren or who | | | | | | | |
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| | | | | | | | | | | | |
| ☐ I have | | any court case(s) concert this or any other state. | ning the custody, visitation, p | arenting time or | | | | | | | |
| _ OR | | | | | | | | | | | |
| | • | ` ' | custody, visitation, parenting | time or placement of | | | | | | | |
| | | ner state. I have participa | | Data of Court Order | | | | | | | |
| inam | e of Court | State | Case No. | Date of Court Order | | | | | | | |
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| protective ord termination of children name | ders, marriage disso f parental rights, ad | olution, paternity, legitimat | relating to domestic violence ion, custody, parental rights a proceedings in any court in ar? Yes No If yes, Case No. | and responsibilities, | | | | | | | |
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| Case Name: | | |
|--|--|---|
| Case Number: | | |
| JOINT PETITION FOR DIVORCE | | |
| 10. Please check one of the following regarding public as No public assistance (TANF) is now being of medical assistance (Medicaid) presently being The N. H. Department of Health and Human months public assistance (TANF) and/or me children of the parties. If you check this box Data Sheet (NHJB-2077-FS) to DHHS at: New Hampshire Department of Health Division of Child Support Services 129 Pleasant Street Concord, NH 03301 | r has within the last 6 months bing provided, for any minor child Services is providing or has pridical assistance (Medicaid) for , you must mail copies of this pealth and Human Services | of the parties. ovided within the last 6 a minor child or |
| 11. To the knowledge of the parties, is either party pregr | nant? | ☐ Yes ☐ No |
| 12. Do the parties own real estate jointly? Does the petitioner own real estate individually? Does the respondent own real estate individually? | | ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No |
| 13. The cause for divorce is: (Check one or both)Irreconcilable differences have developed that hamarriage. | ave caused the irremediable bro | eakdown of the |
| Other: | | |
| 14. Requests for court orders: A. TEMPORARY. The parties respectfully request following issues. (Check all that apply). A temporary Child support Parenting Plan | porary order is in effect until the Use of personal property | e divorce is granted. |
| ☐ Alimony ☐ Use of family home | Other: | |
| B. FINAL. The parties respectfully request that the property, real estate, debts and obligations of the establishing the following (Check all that apply A parenting plan which describes the parties children; Child support obligations for any minor child Alimony; Any other relief which may be appropriate; Other: | e parties, and issue a final order): s' parental rights and responsible ren; | er approving or |
| I acknowledge that I have a continuing duty to inform state that could affect the child/ren in this case. I swear or affirm that the foregoing information is true an | · | |
| I swear or animir that the foregoing information is true an | d correct to the best of my know | wieuge. |
| Date | Signature of Petitioner | |
| State of, | County of | |
| This instrument was acknowledged before me on _ | by | |
| My Commission Expires | | |
| Affix Seal, if any | Signature of Notarial Officer / 1 | itle |
| Signature of Attorney for Petitioner | | |
| Printed Name, Address and Phone Number of Attorney | | Bar # |

| Case Name: | |
|---|--|
| Case Number: | |
| JOINT PETITION FOR DIVORCE | |
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| I acknowledge that I have a continuing duty to inforn state that could affect the child/ren in this case. | n the court of any court action in this or any other |
| I swear or affirm that the foregoing information is true and | d correct to the best of my knowledge. |
| Date | Signature of Respondent |
| State of, | County of |
| This instrument was acknowledged before me on | by |
| My Commission Expires | |
| Affix Seal, if any | Signature of Notarial Officer / Title |
| 0: | |
| Signature of Attorney for Respondent | |
| Printed Name, Address and Phone Number of Attorney | Bar # |