

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
<http://www.courts.state.nh.us>

Court Name: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
(if known)

**PETITION FOR DIVORCE**

1. Petitioner Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ E-mail Address (optional) \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

2. 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 were married \_\_\_\_\_  
Date of Marriage \_\_\_\_\_

4. Length of time petitioner has been a resident of New Hampshire: \_\_\_\_\_

5. List minor children born to or adopted by the parties either before or during the marriage:

Name	Date of Birth	Current Address

**If there are minor children born to or adopted by the parties either before or during the marriage, complete questions 6 – 10. 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.

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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/Contact Address of Parent/Caretaker	Which Child/ren

If more space is needed, attach Extra Page (Form NHJB-2656-FPS).

I have attached Form NHJB-2656-FPS because additional space was needed.

7. Are there any person(s), not a party to this proceeding, who have physical custody of the child/ren or who claim to have custody, physical custody or parenting time rights?  Yes  No

If yes, list name(s) and address(es) of person(s):

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8. Check one of the following:

I **have not** participated in any court case(s) concerning the custody, visitation, parenting time or placement of the child/ren in this or any other state.

**OR**

I **have** participated in court case(s) concerning the custody, visitation, parenting time or placement of the child/ren in this or any other state. I have participated in the following:

Name of Court	State	Case No.	Date of Court Order

9. Are there any actions for enforcement, or proceedings relating to domestic violence, domestic relations, protective orders, marriage dissolution, paternity, legitimation, custody, parental rights and responsibilities, termination of parental rights, adoption, juvenile, or other proceedings in any court in any state affecting any children named in this petition or parents of those children?  Yes  No If yes, complete the following:

Name of Court	State	Case No.	Type of Court Case

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

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10. Optional:  I am alleging, under oath, that my or my child/ren's health, safety, or liberty would be jeopardized by the disclosure of identifying information set forth in this Petition. To support my allegation, I state as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Please check one of the following regarding public assistance.

- No public assistance (TANF) is now being or has within the last 6 months been provided, nor is medical assistance (Medicaid) presently being provided, for any minor child of the parties.
- The N. H. Department of Health and Human Services is providing or has provided within the last 6 months public assistance (TANF) and/or medical assistance (Medicaid) for a minor child or children of the parties. If you check this box, you must mail copies of this petition and the Personal Data Sheet (NHJB-2077-FS) to DHHS at:

New Hampshire Department of Health and Human Services  
Division of Child Support Services - Legal Unit  
129 Pleasant Street  
Concord, NH 03301

12. To the knowledge of the parties, is either party pregnant?  Yes  No

13. Do the parties own real estate jointly?  Yes  No

Does the petitioner own real estate individually?  Yes  No

Does the respondent own real estate individually?  Yes  No

14. The cause for divorce is: **(Check one or both)**

Irreconcilable differences have developed that have caused the irremediable breakdown of the marriage.

Other: \_\_\_\_\_

15. Requests for court orders:

A. TEMPORARY. The Petitioner respectfully requests that the Court issue temporary orders on any of the following issues. **(Check all that apply)**. A temporary order is in effect until the divorce is granted.

- Child support       Parenting Plan       Use of personal property and payment of debt
- Alimony               Use of family home       Other: \_\_\_\_\_

B. FINAL. The Petitioner respectfully requests that the Court grant a divorce, equitably divide personal property, real estate, debts and obligations of the parties, and issue a final order approving or establishing the following **(check all that apply)**:

- A parenting plan which describes the parties' parental rights and responsibilities relating to minor children;
- Child support obligations for any minor children;
- Alimony;
- Any other relief which may be appropriate;
- Other: \_\_\_\_\_

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**I acknowledge that I have a continuing duty to inform the court of any court action in this or any other state that could affect the child/ren in this case.**

I swear or affirm that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
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 / Title

\_\_\_\_\_  
Signature of Attorney for Petitioner

\_\_\_\_\_  
Printed Name, Address and Phone Number of Attorney Bar #