

**THE STATE OF NEW HAMPSHIRE
SUPERIOR COURT**

_____ County

In the matter of _____

PETITION FOR DIVORCE

1. Your Name _____ Date of Birth _____
Residence Address _____
Town/City County State

2. Spouse's Name _____ Date of Birth _____
Residence Address _____
Town/City County State

3. City and state where you and your spouse were married _____
Date of marriage _____

4. You have been a resident of New Hampshire since _____

5. Children born to or adopted by you and your spouse either before or during the marriage:

| NAME | DATE OF BIRTH | NAME | DATE OF BIRTH |
|-------|---------------|-------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

6. To my knowledge, wife Is Is not pregnant:

7. Please check one of the following regarding public assistance:

No public assistance (AFDC/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 listed in paragraph 5.

The N.H. Department of Health and Human Services is providing or has provided within the last 6 months public assistance (AFDC/TANF) and/or medical assistance (Medicaid) for any minor child. If this is checked, you must mail copies of this petition and the personal data sheet to the Department at:

OCS Legal Office
6 Hazen Drive
Concord, NH 03301

8. The cause for divorce is (check one or both):

Irreconcilable differences have caused the irremediable breakdown of the marriage.

Other _____ grounds _____ (fill _____ in)

| |
|---|
| Case Number _____ To be assigned by Court |
|---|

9. By filing this petition, you are asking that the Court:
- A. Grant a divorce.
 - B. Equitably divide the personal property, retirement benefits, real estate, and debts.
 - C. If there are children listed in paragraph 5, or if wife is pregnant, issue orders concerning the custody, visitation, support, health insurance, and other matters relating to the minor child(ren).

Check here if you are asking for physical custody or primary physical custody.

D. Restore former name of wife or husband, if requested during the divorce.

E. Please check each request that applies:

Issue orders concerning alimony (support for spouse).

Other (list) _____

F. Grant any other orders which may be appropriate.

10. **Temporary Orders**, if issued, will be in effect until the divorce is granted.

Check here if you wish the court to issue **temporary orders**, and check what temporary orders you are requesting:

The use of personal property and payment of debts.

The use of family home.

The custody, visitation, support, health insurance, and other matters relating to the child(ren) listed in paragraph 5.

Alimony (support for spouse).

Other (list) _____

Date

Signature (Sign in front of Notary Public or Justice of the Peace)

Attorney (if any)

Attorney's address

State of New Hampshire

_____ County

The person signing this petition appeared and signed it before me and took oath that the facts stated in this petition are true, to the best of his or her knowledge and belief, and that he/she has mailed copies of the petition and personal data sheet to OCS (if required under paragraph 7).

Date

Notary Public/Justice of the Peace