THE STATE OF NEW HAMPSHIRE SUPERIOR COURT

	County		Case	No			
		In the matter of					
		PETITION FOR MO	DIFICATION - 0	CHILD SUPPO	PRT		
1.	Your Name Residence Address _						
		Town/City		County	State		
2.							
	Residence Address _	Town/City		County	State		
3. order?		esulted in the present sup	,		ction, etc.)? And, what court issue	d the	
4.	What is the present support order (date of support order and amount)?						
5.	Children for whom support is presently ordered:						
	CHILD NAME	DATE OF BIRTH	CHILD NAME	Ε Γ	OATE OF BIRTH		
6.	Reason for Request for Modification (check one or both):						
	[] It has been 3 years since the last court order concerning the amount of support.						
	[] There has been a substantial change of circumstances, as follows (be specific):						
7.	Please check one of	the following regarding pul	olic assistance:				
assista		ance (AFDC/TANF) is now tly being provided, for any	•		6 months been provided, nor is me	edical	
	[] The N.H. Depart	tment of Health and Huma	n Services is pro	oviding or has	provided within the last 6 months p	ublic	

Type or print clearly.

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

	Concord, NH 03301
8. By filing this petition, you are asking the	hat the court:
A. Modify the present	t support order.
B. Grant any other or	rders which may be appropriate.
Date	Signature (Sign in front of Notary Public or Justice of the Peace)
	Attorney (if any)
	Attorney's Address
State of New Hampshire	
County	
	I and signed it before me and took oath that the statements in this petition are true, belief, and that he/she has mailed copies of the petition and personal data sheet to
Date	Notary Public/Justice of the Peace