

## Documents Needed for Divorce or Other Family Matter

Check of each item as you drop it off or mail it to this office.

Date given to  
Attorney

- |       |     |   |
|-------|-----|---|
| _____ | 1.  | *Deposit/Retainer — \$_____.  |
| _____ | 2.  | *History of the marriage family problems, violence, separations, employment of each spouse, serious illness, changes in residence, money — who handled and how, other decisions — who made them. If custody is an issue, describe the sharing of child care responsibilities. |
| _____ | 3.  | *If spouse has filed: a copy of the court papers, your response to each numbered statement of “fact” in the court papers. True or false? If false, what are the true facts?   |
| _____ | 4.  | *Family/Financial Information Sheet — <i>answer every question.</i>   |
| _____ | 5.  | *Personal Data Sheet – <i>answer each and every question.</i>   |
| _____ | 6.  | *Legal Services Agreement.  |
| _____ | 7.  | Financial/Support Affidavit.  |
| _____ | 8.  | Most recent income tax form and W-2.  |
| _____ | 9.  | Your recent paystubs for one (1) month.   |
| _____ | 10. | Spouse’s recent pay stubs, if available.  |
| _____ | 11. | Information from your employer (and spouse’s employer, if available) on insurance, pension and other benefits.  |

\* Needed to prepare your papers for court. You should either drop these items off or mail them. No appointment is needed. The attorney will review the information and draw up the court papers. When they are ready for the you to sign we will call you. If you have any questions or problems you should feel free to call at any time.

Get the other items (6-10) as soon as possible. You should not wait until you have everything before dropping off items. Remember, the more information that you provide us in writing the better we can do our job.

# DIVORCE QUESTIONNAIRE

## Family/Financial Information

This questionnaire is for the use of our office only. Please print or type your answer to **EVERY** question. If you need more space please complete your answer on a separate sheet, making sure you indicate the question number that each answer is in response to. If a question does not apply to you please write "N/A." When you are uncertain, indicate as "unknown" or "will provide later." It is very important that I receive the completed Divorce Questionnaire from you as quickly as possible so that I can proceed with your case. If you have any questions regarding this questionnaire please call.

### 1. Client

- a. Full name: \_\_\_\_\_
- b. Signature as you usually sign it: \_\_\_\_\_
- c. Mailing address (include Zip Code): \_\_\_\_\_  
\_\_\_\_\_
- d. Town and County of Residence: \_\_\_\_\_
- e. When did you first come to New Hampshire: \_\_\_\_\_
- f. Social Security No.: \_\_\_\_\_
- g. Job Title: \_\_\_\_\_
- h. Employer: \_\_\_\_\_
- i. Work address & work schedule: \_\_\_\_\_  
\_\_\_\_\_
- j. Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_
- k. Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
- l. Number of previous marriages: \_\_\_\_\_
- m. Were they ended in divorce or death? \_\_\_\_\_
- n. Education completed (grade an/or years of college): \_\_\_\_\_
- o. Do you wish to resume your former name or maiden name: \_\_\_\_\_  
If so, please state the name: \_\_\_\_\_

### 2. Spouse

- a. Full name: \_\_\_\_\_
- b. Mailing address (include Zip Code): \_\_\_\_\_  
\_\_\_\_\_
- c. Town and County of Residence: \_\_\_\_\_
- d. When did your spouse first come to New Hampshire: \_\_\_\_\_
- e. Social Security No.: \_\_\_\_\_
- f. Job Title: \_\_\_\_\_
- g. Employer: \_\_\_\_\_
- h. Work address & work schedule: \_\_\_\_\_  
\_\_\_\_\_
- i. Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_
- j. Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
- k. Number of previous marriages: \_\_\_\_\_
- l. Were they ended in divorce or death? \_\_\_\_\_

m. Education completed (grade an/or years of college): \_\_\_\_\_

3. **Marriage.**

- a. Date of Marriage: \_\_\_\_\_
- b. Where were you married? \_\_\_\_\_
  - i. Town/city: \_\_\_\_\_ State: \_\_\_\_\_
  - ii. County: \_\_\_\_\_
  - iii. Country if not United States: \_\_\_\_\_
- c. Wife's maiden name: \_\_\_\_\_
- d. Are you still living together? \_\_\_\_\_
- e. If not, who moved out? \_\_\_\_\_  
Date you/spouse moved out: \_\_\_\_\_

4. **Financial Matters/Assets.**

- a. What is your annual salary? \_\_\_\_\_ What is your take home pay? \_\_\_\_\_
- b. What is spouse's annual salary? \_\_\_\_\_ What is spouse's take home pay? \_\_\_\_\_
- c. Are you paying/receiving support? \_\_\_\_\_ How much? \_\_\_\_\_
- d. If you own your own home please give:  
Fair market value: \$\_\_\_\_\_ (What you *could* sell it for.)  
Balance due on mortgage: \$\_\_\_\_\_  
Monthly mortgage payment: \$\_\_\_\_\_  
Does this include taxes? \_\_\_\_\_  
If not, what are yearly taxes? \_\_\_\_\_
- e. Please list all funds/assets that you received during the course of your marriage that was not as a result of your employment (e.g., inheritance, gifts, insurance benefits/proceeds, personal injury/workers' compensation settlement, sale of real/personal property, indicating amount/asset received, date received, source of funds/assets.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- f. Please list all funds/assets that your spouse received during the course of the marriage that was not as a result of his/her employment (e.g., inheritance, gifts, insurance benefits/proceeds, personal injury/workers' compensation settlement, sale of real/personal property, indicating amount/asset received, date received, source of funds/assets.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- g. Please indicate your gross yearly income for the tax years during which you have been married to your spouse. Attach copies of your federal income tax returns off said years, including W-2s and all other attachments or schedules.
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- h. With respect to all employers by whom you were employed since the date of your marriage to your spouse provide:
- i. Name of your employer: \_\_\_\_\_
  - ii. Job description: \_\_\_\_\_
  - iii. Full time or part time (indicate the number of hours normally comprising a work week for you): \_\_\_\_\_
  - iv. Indicate whether your income is by salary, hourly wage, commission or otherwise: \_\_\_\_\_
- i. With respect to all employers by whom your spouse was employed since the date of your marriage provide:
- i. Name of your employer: \_\_\_\_\_
  - ii. Job description: \_\_\_\_\_
  - iii. Full time or part time (indicate the number of hours normally comprising a work week for spouse): \_\_\_\_\_
  - iv. Indicate whether his/her income is by salary, hourly wage, commission or otherwise: \_\_\_\_\_
- j. Identify all life insurance policies that you own, that insure your life, or of which you are a beneficiary. For each such policy state:
- i. Name of company and policy number: \_\_\_\_\_
  - ii. Policy type and face amount: \_\_\_\_\_
  - iii. Owner(s): \_\_\_\_\_
  - iv. Insured(s): \_\_\_\_\_
  - v. Beneficiary(s): \_\_\_\_\_
  - vi. Cash value, outstanding loans: \_\_\_\_\_
- k. Identify all life insurance policies that your spouse owns, that insure his/her life, or of which he/she is a beneficiary. For each such policy state:
- i. Name of company and policy number: \_\_\_\_\_
  - ii. Policy type and face amount: \_\_\_\_\_
  - iii. Owner(s): \_\_\_\_\_
  - iv. Insured(s): \_\_\_\_\_
  - v. Beneficiary(s): \_\_\_\_\_
  - vi. Cash value, outstanding loans: \_\_\_\_\_
- l. Please list and fully identify all of your assets. An asset should be understood to include tangible and intangible items and include it as long as you have any interest in it, whether direct or indirect, and whether singly, or in joint name with other. Include every asset, including accounts in which you have had any interest during the course of your marriage to your spouse, even if you no longer have an interest in the asset. For each asset no longer in your name(s), state the disposition of the asset.
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m. **Real Property.**

Location: \_\_\_\_\_

Date of purchase and purchase price: \_\_\_\_\_

Present market value: \_\_\_\_\_

Name of holder and balance due on any mortgages: \_\_\_\_\_

Amount and holder of any other liens: \_\_\_\_\_

Attach copies of closing statements for each purchase.

n. **Stocks and Bonds.**

List all stocks, bonds, savings bonds, savings certificates, IRA's, SEP's, mutual fund investments and other similar assets, including any assets set aside for retirement, indicating the number of shares, the purchase price, the present fair market value and the rate of return, in which you presently have an interest or in which you have had any interest during the course of your marriage to defendant. Attach copies of brokerage statements, statements of account, and the like for each such asset.

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

o. **Savings, Checking, Credit Union, Certificates of Deposit, and Money Market Accounts.**

Name of bank or institution and account number(s): \_\_\_\_\_

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

Date account opened, opening balance and source of funds: \_\_\_\_\_

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

Present balance(s): \_\_\_\_\_

Highest balance(s) in the preceding twenty-four (24) months and date of said balances(s): \_\_\_\_\_

\_\_\_\_\_  
Name(s) of account holder(s): \_\_\_\_\_

p. Identify the motor vehicle which you presently own. For said vehicle, state manufacturer and model, date of purchase, purchase price, source of funds for purchase, and present fair market value. State the present odometer reading (number of miles on said vehicle). State name of any line holders, amount of lien, amount of monthly payment, and the total amount you presently owe on said vehicle. State the basis for your assessment of fair market value and state the source of any appraisal(s) done on said vehicles, including name and address of appraiser:

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

- q. Identify all other assets owned by you, including but not limited to, tools, equipment, furniture, furnishings, and collections in which you have an interest not previously identified with a current fair market value greater than \$500.00. Describe each such asset, state the purchase price and date of purchase, and current fair market value.
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- r. Identify all assets owned in whole or in part which you have sold, conveyed, or transferred within the four (4) years preceding the date of your response to these questions, setting forth in each instance the asset involved, its fair market value, the consideration received, date(s) of sale, and the identity of the transferee of that asset.
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- s. Identify all assets owned in whole or in part which your spouse has sold, conveyed, or transferred within the four (4) years preceding the date of your response to these questions, setting forth in each instance the asset involved, its fair market value, the consideration received, date(s) of sale, and the identity of the transferee of that asset.
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- t. Please identify all loans obtained by you within the two (2) years preceding the date of your response to these questions, identifying in each case the lender or creditor involved, the amount of the indebtedness, the date of the transaction and the security furnished, if any.
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- u. State the source and amount of the funds for the down payment made on your home, including date(s) said funds were received by you. State the same information for any other payments made on the principal balance due other than regular monthly payments.
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- v. List all of your current outstanding debts. For each such debt, state nature of each debt, name and address of creditor, date of the transaction, amount(s) and date(s) received, amount(s) and date(s) of any repayments made, total amount outstanding, and the security furnished, if any.

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- w. Have you submitted, either individually or as a business owner, any financial statements or applications for credit purposes to any bank or other financial institution in the past two (2) years? If yes, identify:

i. Name and address of the bank or financial institution: \_\_\_\_\_

ii. Date statement or application was submitted: \_\_\_\_\_

iii. Attach copies of each and every credit application or financial statement submitted in the past two (2) years.

- x. With respect to any money you are owed, please state:

i. Name and address of debtor: \_\_\_\_\_

ii. Amount of original loan or debt: \_\_\_\_\_

iii. Present balance: \_\_\_\_\_

iv. How is loan paid, i.e., monthly, yearly, and what is the periodic payment:

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v. Purpose of loan or debt: \_\_\_\_\_

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5. **Employment Benefits.**

- a. **Health Insurance.** Please provide detailed information regarding current health/dental insurance, if any, which is available to you through your employment including:

i. Name of insurer: \_\_\_\_\_

ii. Coverage available, including deductible amounts: \_\_\_\_\_

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iii. Individuals covered: \_\_\_\_\_

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iv. Amount, if any, which you pay for the coverage: \_\_\_\_\_

v. Provide a copy of the plan's description if available.

vi. If available, please provide detailed information regarding the current health/dental insurance, if any, which is available to your spouse through his/her employment, including:

(1) Name of insurer: \_\_\_\_\_

- (2) Coverage available, including deductible amounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (3) Individuals covered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (4) Amount, if any, which your spouse pays for this coverage: \_\_\_\_\_
- (5) Provide a copy of the plan's description if available.
- b. **Pension.** If you are presently a participant in a pension plan please specify:
- i. The name of the plan: \_\_\_\_\_
  - ii. The period of time that you have been a participant of the plan: \_\_\_\_\_
  - iii. The present cash value, if any, of your pension plan: \_\_\_\_\_
  - iv. The extent to which you are presently vested in the plan: \_\_\_\_\_
  - v. Attach copies of the plan's description, if available.
  - vi. If your spouse presently is a participant in a pension plan available to him or her please present the following information, if available:
    - (1) The name of the plan: \_\_\_\_\_
    - (2) The period of time that your spouse has been a participant of the plan: \_\_\_\_\_
    - (3) The present cash value, if any, of your spouse's pension plan: \_\_\_\_\_
    - (4) The extent to which your spouse is presently vested in the plan: \_\_\_\_\_
    - (5) Attach copies of the plan's description, if available.
- c. **Profit Sharing.** If there is a profit sharing plan available to you through your present employer indicate:
- i. The cash value of your interest in the plan: \_\_\_\_\_
  - ii. The extent to which your interest in the plan is vested: \_\_\_\_\_
  - iii. The period of time that you have participated in the plan: \_\_\_\_\_
  - iv. Any restrictions relative to the availability of the funds from the plan at this time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - v. Attach a copy of the plan's description, if available.
    - (1) If there is a profit sharing plan available to your spouse through his/her present employer indicate:
    - (2) The cash value of your interest in the plan: \_\_\_\_\_
    - (3) The extent to which your interest in the plan is vested: \_\_\_\_\_
    - (4) The period of time that you have participated in the plan: \_\_\_\_\_
    - (5) Any restrictions relative to the availability of the funds from the plan at this time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



6. **Educational Information**

- a. Describe, in detail, your educational background, listing all degrees, the dates said degrees were obtained and the school/institution for which each degree was obtained.

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Describe, in detail, your spouse's educational background, listing all degrees, the dates said degrees were obtained and the school/institution for which each degree was obtained.

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7. **Children**

- a. Number of children born in this marriage: \_\_\_\_\_ Adopted: \_\_\_\_\_  
b. List the living children of this marriage:

<u>NAME</u>	<u>AGE</u>	<u>BIRTHDATE</u>	<u>SCHOOL GRADE</u>	<u>LIVING WITH</u>
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- c. Other children of each spouse:

<u>NAME</u>	<u>AGE</u>	<u>CHILD OF HUSBAND/WIFE</u>	<u>LIVING WITH</u>	<u>SUPPORT PAID</u>
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- d. Other dependents (other persons such as a parent, former spouse, foster child, receiving support from either spouse).

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>SUPPORT PAID</u>
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8. **Vehicles.** List all family vehicles:

<u>MAKE</u>	<u>YEAR</u>	<u>VALUE</u>	<u>NAME OF REGISTRATION</u>	<u>WHO DRIVES</u>
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9. **Miscellaneous**

a. **Prior Legal Actions:** Have you ever started a court case against your spouse (domestic violence, divorce, legal separation? (Yes) \_\_\_\_\_ (No) \_ Or your spouse against you? (Yes) \_\_\_\_ (No) \_\_\_\_ If so, give date, type of case, lawyer's name and what happened. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. **Priorities:** What are your priorities in this case (what is most important to you?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. **Agreement:** Have you reached any agreement with your spouse about custody, visitation, support, dividing assets, etc.? (Yes) \_\_\_\_ (No) \_\_\_\_\_. If so, please outline the agreement in your own words, either below or on a separate piece of paper. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# State of New Hampshire

CASE NUMBER \_\_\_\_\_

## Certificate Of Divorce, Civil Union (CU) Dissolution

STATE FILE NUMBER \_\_\_\_\_

### Legal Separation Or Annulment

This form must be word processed or typewritten. The following information will be completed by the petitioner as indicated or by one of the joint petitioners and filed with the court prior to the hearing on the merits in accordance with court rules.

<b>PERSON A</b>	1a. Person A's name – First		Middle	Last (Current)	1.b. Suffix	1c. Last name & suffix before 1 <sup>st</sup> marriage or CU (if applicable)	
	2. Person A's gender <input type="checkbox"/> Male <input type="checkbox"/> Female		3a. Residence – City, town or location (at time of filing)			3b. County	3c. State
	4. Birthplace (State or Foreign Country)		5. Date of birth (MM/DD/YYYY)	6. Number of this marriage or CU (Specify first, second, etc.)		7. Social security number	
	8. If previously joined in marriage or civil union, how many ended by: (do not include current marriage or civil union) <input type="checkbox"/> Death Number _____ <input type="checkbox"/> Divorce/Annulment Number _____ <input type="checkbox"/> Civil Union Dissolution Number _____					9. Education: (specify highest grade completed) Elementary or secondary (0-12) _____ College (1-4 or 5+) _____	

<b>PERSON B</b>	10a. Person B's name – First		Middle	Last (Current)	10.b. Suffix	10c. Last name & suffix before 1 <sup>st</sup> marriage or CU (if applicable)	
	11. Person B's gender <input type="checkbox"/> Male <input type="checkbox"/> Female		12a. Residence – City, town or location (at time of filing)			12b. County	12c. State
	13. Birthplace (State or Foreign Country)		14. Date of birth (MM/DD/YYYY)	15. Number of this marriage or CU (Specify first, second, etc.)		16. Social security number	
	17. If previously joined in marriage or civil union, how many ended by: (do not include current marriage or civil union) <input type="checkbox"/> Death Number _____ <input type="checkbox"/> Divorce/Annulment Number _____ <input type="checkbox"/> Civil Union Dissolution Number _____					18. Education: (specify highest grade completed) Elementary or secondary (0-12) _____ College (1-4 or 5+) _____	

<b>MARRIAGE - CIVIL UNION</b>	19. Place of this marriage or civil union (City/Town)		19b. County	19c. State (or foreign country)	20. Date of this marriage or CU (MM/DD/YYYY)
	21. Date couple last resided in same household (MM/DD/YYYY)		22a. Number of children born alive or adopted during this marriage/civil union	22b. Number of children under age 18 in this household as of date in Item 21	
<b>ATTORNEY</b>	23a. Name of person completing form: <input type="checkbox"/> attorney <input type="checkbox"/> self represented		23b. Address <input type="checkbox"/> attorney <input type="checkbox"/> self represented (Street and Number, City/Town, State, Zip Code)		23c. Date (this form was completed) (MM/DD/YYYY)

#### BELOW THIS LINE TO BE COMPLETED BY THE COURT

<b>DECREE</b>	24a. Date petition filed with court (MM/DD/YYYY)		24b. Cause for filing <input type="checkbox"/> Irreconcilable differences <input type="checkbox"/> Other (specify) _____		24c. A decree was entered: There was an: <input type="checkbox"/> Uncontested hearing <input type="checkbox"/> Contested hearing <input type="checkbox"/> Defaulted hearing		25a. Type of decree <input type="checkbox"/> Divorce <input type="checkbox"/> Legal separation <input type="checkbox"/> Annulment <input type="checkbox"/> CU Dissolution	
	25b. Date decree becomes final: (MM/DD/YYYY)		26a. Name of hearing official: (first and last name)			26b. Official capacity: <input type="checkbox"/> Judge <input type="checkbox"/> Marital Master		
	27a. Name to be used by Person A after divorce: <input type="checkbox"/> Same as present (1a & b) <input type="checkbox"/> Name prior to 1 <sup>st</sup> marriage or CU (1c) <input type="checkbox"/> Other (specify) _____		28. Decision making responsibility for child/children shall be with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Person A <input type="checkbox"/> Person B <input type="checkbox"/> Other (specify) _____  <input type="checkbox"/> Not applicable		29a. Number of children under age 18 for whom residential responsibility is with: Both Parents # _____ Person A # _____ Person B # _____ Other (specify) # _____  <input type="checkbox"/> Not applicable		30. Residential responsibility was: <input type="checkbox"/> Uncontested <input type="checkbox"/> Contested <input type="checkbox"/> Defaulted <input type="checkbox"/> Not applicable	
	27b. Name to be used by Person B after divorce: <input type="checkbox"/> Same as present (10a & b) <input type="checkbox"/> Name prior to 1 <sup>st</sup> marriage or CU (10c) <input type="checkbox"/> Other (specify) _____						31. Petitioner: <input type="checkbox"/> Person A <input type="checkbox"/> Person B <input type="checkbox"/> Joint <input type="checkbox"/> Other (specify) _____	
32a. Signature of court official: I certify that the above is correct to the best of my knowledge.					32b. Court name:		32c. Date signed: (MM/DD/YYYY)	

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

Court Name: \_\_\_\_\_

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

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

**PERSONAL DATA SHEET**

1. Name of person(s) completing this form \_\_\_\_\_

☐ (Check if applicable) Because I believe that my safety, or the safety of my children is at risk, I request that the information contained in this Personal Data Sheet not be disclosed to the other party. The reasons are: \_\_\_\_\_

2. Type of case filed today:

☐ Petition for Divorce      ☐ Petition for Legal Separation      ☐ Joint Petition for Legal Separation  
☐ Joint Petition for Divorce      ☐ Domestic Violence Petition  
☐ Petition for Civil Union Dissolution      ☐ Parenting Petition  
☐ Joint Petition for Civil Union Dissolution      ☐ Paternity/Legitimation  
☐ Petition to Change Court Order/Modification      ☐ Other: \_\_\_\_\_

3. Name of Petitioner \_\_\_\_\_ Date of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone number (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

4. Name of Respondent \_\_\_\_\_ Date of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone number (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

5. Child(ren)'s Full Name(s)      Date of Birth      Social Security #      State of Birth

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (if joint petition)

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

Court Name: \_\_\_\_\_

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

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

**FINANCIAL AFFIDAVIT**

<b>1. General Information</b> Name _____ Street Address _____ Town/City, State, Zip _____ Mailing Address, if different _____ Date of Birth _____ Social Security Number _____ Highest Grade or Degree Completed _____ Date of Marriage _____ Date of Separation or Divorce _____ <b>2. Children born to, or adopted by, the Parties (Full Name, DOB, and SSN)</b> _____ _____ _____ <b>2a. Number of people currently living in household including self:</b> _____ <b>3. Employment Information</b> Name, Address, and Phone Number of Employer _____ _____ _____ _____ Date and Place of Last Employment _____ _____ _____ Job Skills _____ _____ _____	<b>4. Monthly Income - Miscellaneous</b> AFDC, TANF, and Food Stamps \$ _____ Other Public Assistance \$ _____ Children's Income \$ _____ Child Support \$ _____ <b>5. Monthly Income Before Taxes</b> Base Pay from Salary, Wages \$ _____ Overtime and Shift Differential \$ _____ Commissions, Tips, Bonuses \$ _____ Part-time Employment \$ _____ Self-employment \$ _____ Unemployment and Veteran's Benefits \$ _____ Disability, Workers' Compensation \$ _____ Pension and Retirement Benefits \$ _____ Social Security Benefits (SSA) \$ _____ Interest and Dividends \$ _____ Trust and Other Investment Income \$ _____ Rental Income and Business Profits \$ _____ All other sources \$ _____ <b>Total Section 5 Monthly Income</b> \$ _____ <b>6. Monthly Expenses</b> Court Ordered Support for Others \$ _____ State Income Taxes \$ _____ Mandatory Pension \$ _____ Health Insurance for Parties' Children \$ _____ Day Care for Parties' Children \$ _____ <b>Total Section 6 Monthly Expenses</b> \$ _____
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7. Assets	Fair Market Value	Related Debt	Additional Information
Homestead	\$ _____	\$ _____	_____
Other Real Estate	\$ _____	\$ _____	_____
Primary Motor Vehicle	\$ _____	\$ _____	_____
Other Motor Vehicles	\$ _____	\$ _____	_____
Furniture and Appliances	\$ _____	\$ _____	_____
Checking Accounts	\$ _____	\$ _____	_____
Investments	\$ _____	\$ _____	_____
Life Insurance	\$ _____	\$ _____	_____
Business Interests	\$ _____	\$ _____	_____
Pensions	\$ _____	\$ _____	_____
Retirement Accounts	\$ _____	\$ _____	_____

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

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

**FINANCIAL AFFIDAVIT**

8. Additional Assets - If you have an interest in any property which is held solely by or jointly with any other person or entity, and which has not already been disclosed, or if you are owed money from any source, please explain

**9. Tax Return Information**

Year of last return filed \_\_\_\_\_

Single or joint return \_\_\_\_\_

My Total W-2s and 1099s = \$ \_\_\_\_\_

☐ If Self-employed, check here and attach copy of most recent IRS Schedule C.

**10. Insurance**

*Life*

Company \_\_\_\_\_

Type and Face Amount \_\_\_\_\_

Beneficiaries \_\_\_\_\_

*Health*

Company \_\_\_\_\_

Type \_\_\_\_\_

Description of Coverage

*Dental*

Company \_\_\_\_\_

Description of Coverage

**14. Additional Information**

**11. Debts**

Who is debt owed to?	Who owes debt?	Balance
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**12. Retirement Plans**

Plan or Account Name \_\_\_\_\_

Type \_\_\_\_\_

Most Recent Value \$ \_\_\_\_\_

Value at Filing \$ \_\_\_\_\_

If Defined Benefit, status of vesting and description of Benefit

**13. Attachments:**

☐ Pay Stub ☐ Monthly Expenses

☐ Schedule C ☐ Other (describe) \_\_\_\_\_

☐ Check here if parties agree to waive Monthly Expenses form.

I swear (affirm) that:

A. To the best of my knowledge and belief, I have fully disclosed all income and all assets having any substantial value; and

B. I have reasonably estimated the fair market value of each asset; and

C. I understand that I have a duty to update the information provided in this financial affidavit for each court hearing; and

D. I understand that if a support order is issued in this case obligating me to pay support, it shall be my responsibility to immediately provide the Court with any change of address in writing. If I fail to do so, I may be held in default, found in contempt of court and a warrant may be issued for my arrest. (See USO Standing Order SO-4C.)

**E. Rule 1.25-A Compliance - Family Division Only: (Initial one)**

\_\_\_\_\_ I have complied with Rule 1.25-A regarding mandatory disclosure; OR

\_\_\_\_\_ I understand my obligation to comply with Rule 1.25-A regarding mandatory disclosure. I have not fully complied with Rule 1.25-A due to: \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

The person signing this financial affidavit appeared and signed this before me and took oath that the statements set forth in this Financial Affidavit, together with any attachments listed in section 13 above, are true to the best of his or her knowledge and belief.

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

My commission expires: \_\_\_\_\_

Affix seal, if any

Signature of Notarial Officer / Title

I certify that on this date I provided a copy of this document to \_\_\_\_\_ (other party) or to

\_\_\_\_\_ (other party's attorney) by: ☐ Hand-delivery OR ☐ US Mail OR

☐ E-mail (E-mail only by prior agreement of the parties based on Circuit Court Administrative Order).

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

**FINANCIAL AFFIDAVIT**

NOTE: Round all numbers to the nearest dollar. To convert weekly expenses to monthly, multiply by 4.33.

[illegible]

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

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

**FINANCIAL AFFIDAVIT**

**THE STATE OF NEW HAMPSHIRE**

*General Instructions for Completing the Financial Affidavit Form NHJB-2065-F*

- A. When this form is needed - You must fill out and file this form with the Court.
- If you are the petitioner or respondent in a divorce, legal separation, or civil union dissolution case.  
If you are the petitioner or respondent in an after-divorce, custody/parenting, child support, or paternity case.  
If either side is requesting child support or alimony or a change in an existing support or alimony order.  
If a person's ability to pay an obligation is an issue.  
Any other time that the Court may require.
- B. If you need more space for any answer, either add an attachment and note it at section 13, or use section 14.  
When using section 14, put in the number of the answer needing more space, and then the information.
- C. The importance of the oath - This form must be sworn to under oath and signed before a Notary Public or N.H. Justice of the Peace. All information must be true, accurate, and complete, to the best of your knowledge and belief, under the pains and penalties of perjury.
- D. Monthly Expenses form - You must always fill out and attach the Monthly Expenses form **in the following cases**.
- If child support is an issue and either side claims that the Child Support Guidelines should not apply.
  - If either side is requesting alimony or payment of college expenses.
  - If you and the other side do not agree how to divide your debts.
  - If either side requests it.
  - If the Court requires it.

It is not required in *other* cases, if both sides agree by checking the box in section 13, or if the Office of Child Support Enforcement (OCSE) does not request it and the Court approves.

- E. Duty to Update - You must fill out and file a new Financial Affidavit for every hearing.
- F. Use of Forms - You may use the Financial Affidavit and Monthly Expenses forms provided by the Court or your own forms, as long as the format and content are identical to the Court version. You may design other attachments as you see fit.
- G. Child Support - If child support is an issue, read the Uniform Support Order and its Instructions.

*Specific Instructions for Numbered Sections of the Financial Affidavit Form*

1. General Information - *Street Address* means your complete residence address. If you have filed a Domestic Violence Petition, or if there are restraining orders, you do *not* have to give your address. The last two lines in section 1 apply only to divorce and post-divorce cases.
2. Children of the Parties - Fill in the first and last name, with middle initial, if any, for each child. Give date of birth and Social Security Number.
3. Employment Information - Fill in name, address and phone number of current employer. List date and place of last employment. List job skills.
4. Monthly Income - Miscellaneous - List all public assistance income, including AFDC, TANF, food stamps, SSI, APTD, and general assistance from town or county. If your dependent children receive income from employment, investments, or other sources, list it here. This income is *excluded* when calculating child support.
5. Monthly Income - Before Taxes- List *all* income, except from those sources specified in section 4. If you are paid weekly, multiply the weekly amount by 4.33 to get monthly. If you are paid every 2 weeks, multiply the bi-weekly amount by 2.17 to get monthly. If income is occasional or irregular, fill in the average amount.
6. Monthly Expenses - *Support for Others* means child support or alimony you are paying under court order for children other than the children of the parties, or for alimony for another ex-spouse. *Health Insurance* means the actual amount paid for medical insurance coverage for the children of the parties.



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

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

**FINANCIAL AFFIDAVIT**

7/8. Asset Information - You must list all of your assets in these sections. In section 7, the first column is for your good-faith estimate of the total fair market value of assets in each category. *Fair Market Value* is what you could sell an asset for, *not* the purchase price or replacement cost. It is not necessary to have every asset appraised. However, you must consider all factors known to you when stating values. The second column is to list any debts that are owed against the asset, such as a mortgage or a vehicle loan. You may put any additional information in the third column.

*Motor Vehicles* means cars, trucks, motorcycles, airplanes, boats, snowmobiles and the like.

*Investments* means savings accounts, certificates of deposit, stocks, savings bonds, other bonds, money market accounts, and the like.

*Life insurance* means the *cash value* of any life insurance policy that you own or have an interest in.

*Pension* means a defined benefit retirement plan. What you receive is based on years of service and pay.

*Retirement Account* means a defined contribution plan or other retirement account in your name.

Examples are: 401(k) plans, thrift/savings plans, Keoghs, IRAs.

The extra lines are for other categories of assets that are not listed on the form, or for providing more details on listed assets. You must list *all* assets. Assets include, but are not limited to, the following:

Any asset in which you have an interest, but that is being held in the name of someone else. For example, if a relative is holding money or an asset that you own, or can get back under any circumstances, you must include it.

Any assets that are owned partly by you and partly by someone else, such as a jointly owned bank account, motorcycle, or piece of real estate.

Any asset of substantial value that you either gave away or sold for less than fair market value, within 6 months of the date of the Financial Affidavit.

Any debt that anyone owes you, whether or not repayment is expected or likely.

9. Tax Return Information - Total W-2s and 1099s refer to those tax forms from work done by you and from assets in your name. Do *not* include those that result from your spouse's income.

10. Insurance - List all insurance coverage you have. *Description* means any deductibles and co-pays.

11. Debts - List all debts in your name or joint names. *Debt* means loans, credit cards, past due bills, and the like. For each debt, list the name of the person or business you owe the debt to, whether the debt is in your name or in joint names, and the amount currently owed.

12. Pension and Retirement Accounts - Name your retirement plans or accounts. On the second line, note if your retirement account is a 401(k) plan, profit-sharing plan, defined benefit plan, or other specific type of plan. A defined benefit plan is one where what you receive is based upon years of service and pay. *Value at filing* refers to the value of your retirement plan at the time the divorce was filed, and needs to be filled in only in divorce cases.

13. List of Attachments - Check off which forms and documents you are attaching to your Financial Affidavit. If the attachment is not listed, check off *other* and write in what it is.

14. Additional Information - Use this space to provide information that will not fit in prior sections and to provide additional information that you wish the Court to consider.

Certification of Copies - You must give a copy of your Financial Affidavit with all attachments to the other side. The *other side* means the lawyer representing your spouse, ex-spouse, or the other parent. If he or she does not have a lawyer, give it to your spouse, ex-spouse, or the other parent. If the State is a party, also give a copy to Office of Child Support Enforcement (OCSE). Write in the names of each person you have given a copy to.

Monthly Expenses - Section D above explains who must complete the Monthly Expenses form.

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

Court Name: \_\_\_\_\_

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

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

**UNIFORM CHILD CUSTODY JURISDICTION  
AND ENFORCEMENT ACT (UCCJEA) AFFIDAVIT**  
**RSA 458-A**

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.

1. List minor children born to or adopted by the parties:

Name	Date of Birth	Current Address

2 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.

3. 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):

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

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

**UCC/JEA AFFIDAVIT**

4. 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

5. 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

6. 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 Affidavit. To support my allegation, I state as follows:

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

Note: In domestic violence actions under RSA 173-B, the whereabouts of the plaintiff shall not be released except by court order.

**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 \_\_\_\_\_

Printed Name of Person Completing Affidavit \_\_\_\_\_

Signature of Person Completing Affidavit \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_  
Date \_\_\_\_\_ Person Signing Above

My Commission Expires \_\_\_\_\_  
Affix Seal, if any

Signature of Notarial Officer / Title \_\_\_\_\_

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

**CHILD IMPACT PROGRAM NOTICE**

All parties involved in a divorce, or actions involving parental rights and responsibilities and child support are required by law to attend a CHILD IMPACT PROGRAM. This is a four-hour informational seminar on how to help children deal with issues surrounding divorce, separation and parental rights and responsibilities. The seminar provides strategies, ideas and tools for helping children. Parents may attend the course separately or together.

Both parties must complete the seminar within 45 days of the date the respondent was served with the petition. Seminar registration is expected PRIOR TO the First Appearance court session. After you attend the seminar, a certificate of completion will be forwarded to the court by the provider.

Failure to attend the seminar will result in appropriate sanctions being ordered by the court, which may include being held in contempt of court and sentenced to jail or payment of a fine or both.

If you need additional time to complete the seminar, you must file a motion with the court, requesting the additional time. These motion forms are available at the court.

The court may exempt you from attendance at the seminar if:

- You are incarcerated;
- You have previously attended the seminar;
- The Division of Child Support has brought an action to enforce or modify an existing order; or
- Exceptional circumstances exist which indicate good cause for the court to grant an exception.

If you think you should be exempted, you must file a motion with the court requesting the exemption. These motion forms are available at the court. In the case of domestic violence, if there has been no exemption granted by the court, the parties should attend separate seminars.

The fee for the seminar is \$85.00 per person and must be paid to the seminar provider in advance. If you are unable to afford the seminar fee, contact the seminar provider.

The seminar is offered at different locations and times. PLEASE CALL ONE OF THE SEMINAR PROVIDERS LISTED ON THE NEXT PAGE/REVERSE SIDE IMMEDIATELY FOR MORE INFORMATION AND TO REGISTER FOR A SEMINAR.

**CHILD IMPACT PROGRAM NOTICE****PROGRAM PROVIDERS**

<u>COUNTY</u>	<u>TOWN</u>	<u>PHONE</u>	<u>PROGRAM PROVIDERS</u>
BELKNAP COUNTY	Laconia	524-1100	Genesis Behavioral Health
CARROLL COUNTY	Conway Wolfeboro	447-2111 569-1884	Northern Human Services Northern Human Services
CHESHIRE COUNTY	Keene	357-4598	Cheshire Mediation Services
COOS COUNTY	Groveton	636-2555	Northern Human Services
GRAFTON COUNTY	Lebanon Littleton Plymouth	448-0126 444-5358 536-1118	West Central Behavioral Health Northern Human Services Genesis Behavioral Health
HILLSBOROUGH COUNTY	Manchester Nashua	628-7787 598-7155 x 3900	The Mental Health Center of Greater Manchester Community Council of Nashua
MERRIMACK COUNTY	Concord	226-7516 x 4039	Riverbend Children's Intervention Program
ROCKINGHAM COUNTY	Exeter Portsmouth Derry	431-6703 431-6703 434-1577	Seacoast Mental Health Center Seacoast Mental Health Center Center for Life Management
STRAFFORD COUNTY	Rochester	516-9624	Community Partners
SULLIVAN COUNTY	Claremont Newport	448-0126 448-0126	West Central Behavioral Health West Central Behavioral Health

PLEASE NOTE: Seminar sessions are provided in a variety of cities, and you may sign up for any seminar regardless of county. Please contact one of the providers above for information on locations and to register for the seminar PRIOR TO the First Appearance court session.

Visit the website at [www.nhcbha.org/cf/childrenfirst.cfm](http://www.nhcbha.org/cf/childrenfirst.cfm) for more information on the program and for schedules in the different locations.