## THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

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

Ca	ase Number:	PARENTING replaces the former				
1.		-	Relationship to Child			
			ess (optional)			
	Residence Address					
	Mailing Address (if different)					
	Telephone Number (Home)		(Work)			
2.	Respondent Name		Relationship to Child			
	Date of Birth	E-mail Address (optional)				
	Residence Address					
	Telephone Number (Home)		(Work)			
3.	Length of time petitioner has been a resident of New Hampshire					
4.	List minor children born to or adop					
	Name	Date of Birth	Current Address			

## Questions 5 – 9 are 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:				
PARENTING P	ETITION			
names of the p	people they lived w		s has/have lived in the last <b>five</b> ow. Start with where the child liv	
backward in ti Dates From/To	Town/City, State	Parent(s)/Caretaker	Current Address/Contact Address of Parent/Caretake	Which Child/ren
FIOIII/ IO			Address of Farent/Caretake	Cilia/ieii
If more chase	is pooded attach E	xtra Page (Form NHJB-26	EC EDC)	
claim to have	custody, physical o	a party to this proceeding custody or parenting time ess(es) of person(s):	g, who have physical custody of rights?	f the child/ren or who
☐ I have placement OR ☐ I have	of the child/ren in participated in cou	this or any other state.	custody, visitation, parenting to	
	of Court	State	Case No.	Date of Court Order
Tarre	, or oourt	Oldic	Cusc 140.	Date of Court Order
				_
protective ordetermination of	ers, marriage disso parental rights, ad	olution, paternity, legitima	s relating to domestic violence, tion, custody, parental rights ar proceedings in any court in any n? Yes No If yes, c	nd responsibilities,
	of Court	State	Case No.	Type of Court Case
	-			71
			+	
			+	
			+	

Case Name:					
Case Number:					
PARENTING PETITION					
		my child/ren's health, safety, or liberty would be a set forth in this Petition. To support my allegation, I			
10. Please check one of the fol	Please check one of the following regarding public assistance.				
·	has within the last 6 months been provided, nor is g provided, for any minor child of the parties.				
months public assista the parties. If you che	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 the parties. If you check this box, you must mail copies of this petition and the Personal Data Shee (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					
the following issues. (	Check all that apply).	equests that the Court issue temporary orders on any of A temporary order is in effect until the final hearing.			
☐ Child support	☐ Parenting Plan	Other			
		spectfully requests that the Court issue a final order approving or (Check all that apply):			
☐ A parenting plan w children;	hich describes the part	ies' parental rights and responsibilities relating to minor			
☐ Child support oblig	ations for any minor ch	ildren;			
☐ Any other relief wh	ich may be appropriate	;			
☐ Other:					
l acknowledge that I have a c state that could affect the ch		orm the court of any court action in this or any other			
I swear or affirm that the forego	oing information is true	and correct to the best of my knowledge.			
Date		Signature of Petitioner			
State of		_, County of			
This instrument was acknowled	daed before me on	by			
My Commission Expires					
Affix Seal, if any		Signature of Notarial Officer / Title			
Signature of Attorney for Petitione	r	<u> </u>			
Printed Name, Address and Phone	e Number of Attorney	Bar #			