

**THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH**

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

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

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

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

**PETITION FOR GUARDIAN OF MINOR**

Guardianship is requested for:  Person  Estate  Person and Estate

1. Petitioner name: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Petitioner name: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Attorney name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Firm name: \_\_\_\_\_ Bar ID #: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

3. The minor is the age of fourteen years or older:  Yes  No

Minor's legal name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

4. Information about the minor's parents:

Father name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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5.  Check here if both parents are deceased: If both parents are deceased provide the name, mailing address and relationship to the minor of any adult sibling, aunt, uncle or adult child of the deceased parents. Skip this question if either parent is not deceased.

Name	Mailing Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a separate sheet if necessary.

6. List names and addresses of any person(s) nominated as guardian(s) of the person and/or the estate of the minor in the will of a deceased parent.

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

Relationship to minor: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

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

Relationship to minor: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

7. Is this guardianship petition being filed for the child of an activated member of the Armed Services?  Yes  No

8. Proposed guardian name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Proposed guardian name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**Questions 9 – 14 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.

9. List the places where the minor child has 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

10. Are there any person(s), not a party to this proceeding, who have physical custody of the child 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):

Name	Current Address

11. Check one of the following:

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

**OR**

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

Name of Court	State	Case No.	Date of Court Order

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

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

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12. 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 this child named in this petition or parents of the child?

Yes  No If yes, complete the following:

Name of Court	State	Case No.	Type of Court Case

13. List the names and addresses of any persons having the principal care and custody of the minor during the 60 days preceding the filing of this petition.

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

Relationship to minor: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

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

Relationship to minor: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

14. This question is optional. You may skip this question if it does not apply to your circumstance.

NOTE: If you complete this question, you will be required to print, notarize and upload this Petition before submitting it to the Court.

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

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

The answers on this Petition that I do not want to disclose are: (Check all that apply)

3  9  10  11  12  13  14  17

15. Is this an *Ex Parte* request?  Yes  No

If yes, petitioner must complete the *Ex Parte* (Emergency) Motion form

16. Are there any adults, other than the proposed guardian, who will be living in the same home as the minor?  Yes  No

If yes, provide their name(s): \_\_\_\_\_

If yes, you must provide the court with a completed Criminal Record Release Authorization form and a DHHS Record Release Authorization form for each of those adults within 10 days of the filing of this petition.

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17. Are there any pending adoption, juvenile, domestic violence, marriage dissolution, domestic relations, paternity, legitimation, custody or other proceedings affecting minor or parents of this minor?  Yes  No  Unknown (If yes, attach a separate sheet identifying and explaining each.)

18. Is an adoption of the minor by the proposed guardian(s) contemplated?  
 Yes  No  Unknown

19. Is the minor entitled to receive local, state or federal benefits and/or entitlements?  
 Yes  No  Unknown

20. Is there an existing child support order for this child?  Yes  No  Unknown  
If yes, is support collected by the Bureau of Child Support Services?  Yes  No  Unknown  
If no, are you seeking a child support order as part of this guardianship?  
 Yes  No  Unknown

21. Is there an existing court visitation order or custody order for this child?  
 Yes  No  Unknown  
If yes, attach a copy of that order to this petition.

22. Is there any reason that this child should not visit with his/her parents?  Yes  No  Unknown  
If yes, state clearly and specifically any reason(s). Attach a separate sheet if needed.

23. Is this guardianship being sought by the Department of Health and Human Services as part of a permanency plan pursuant to the Adoption and Safe Families Act of 1997?  
 Yes  No  Unknown

24. Is the child an American Indian child as defined by the Indian Child Welfare Act?  
 Yes  No  Unknown  
If yes, the name and address of the tribe are:

Is the tribe recognized by the federal government as eligible for federal services or certain Alaskan native corporations as defined in 43 U.S.C. §1602(c)?  Yes  No

25. If this guardianship is for an estate, provide the probable value and brief description/general character of the minor's real and personal property below:

BRIEF DESCRIPTION/GENERAL CHARACTER VALUE

Real Property: \_\_\_\_\_ \$ \_\_\_\_\_

Personal Property: \_\_\_\_\_ \$ \_\_\_\_\_

Debts of Minor (if any): \_\_\_\_\_ \$ \_\_\_\_\_

26. Is this petition filed in conjunction with a settlement of minor's action, per RSA 464-A:42?  
 Yes  No

If yes, attach a copy of the petition or proposed petition seeking approval and all supplemental documentation that is to be filed with the Superior Court or District Division.

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27. Guardianship requested:  temporary  not temporary/enduring

28. As required by RSA 463:5, V, a statement must be included describing specific facts concerning actions or omissions or actual incidents involving the minor which are claimed to demonstrate that guardianship is in the best interests of the minor.

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

**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 in this case.**

Verification: I verify the truth and accuracy of all facts alleged within this document to the best of my belief and further verify that all facts contained in this document are alleged in good faith. By affixing my electronic signature to this document I acknowledge my understanding that any false statements made in this document are punishable as perjury which may include a fine or imprisonment or both.

_____ Name of Filer		/s/ _____ Signature of Filer	_____ Date
_____ Law Firm, if applicable	_____ Bar ID # of attorney	_____ Telephone	
_____ Address		_____ E-mail	
_____ City	_____ State	_____ Zip code	

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