THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

https://www.courts.nh.gov

C	ourt Name:						
C	ase Name:						
_	ase Number: f known)	PET	TITION FOR GUARI	DIAN OF MINO	DR		
Gι	uardianship is requ	ested for:	☐ Person ☐ Esta	ate 🗌 Person	and Estate		
1.	Petitioner name:						
	Relationship to m	ninor:					
	-	Street		City		State	Zip code
	Telephone:		E-mail:				
	Petitioner name:						
	Relationship to m	inor:					
	Mailing address:						
		Street		City		State	Zip code
			E-mail:				
2.	Attorney name: _			Tele	ephone:		
	Firm name:				_ Bar ID #: ₋		
	Mailing address:	Street		City		State	Zip code
3.	The minor is the		en veare or older:	☐ Yes	□No	State	Zip code
٥.							
	Date of birth:						
	Mailing address:	Street		City		State	Zip code
4.	Information abou	t the minor's	parents:	·			·
•		•		Date	e of birth:		
	maming address.	Street		City		State	Zip code
	Telephone:		E-mail:				
	Mother name:			Date	e of birth:		
	Mailing address:						
	-	Street		City		State	Zip code
	Telephone:		E-mail:				

Ca	se Name:						
	·						
<u>PE</u>	TITION FOR GUARDIAN OF MINOR						
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 Addr	ess	Re	lationship		
							
		_					
	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 Services?	filed for the ch	ild of an activated membe	er of the Armed			
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:					

	Case Name:						
Case Number:							
PETITION FOR GUARDIAN OF MINOR							
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.							
The continuous preser	nce of the child/ren	in New Hampshire for	exercising jurisdiction over child/ren. six (6) months is not the only basis able to exercise jurisdiction on a				
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				
who claim to have	. , .	custody or parenting tir	have physical custody of the child or ne rights?				
Name		(Current Address				
1							
time or placement OR I/We have part placement of the o	participated in any of the child in this cicipated in court cachild in this or any c	or any other state. se(s) concerning the c	ing the custody, visitation, parenting ustody, visitation, parenting time or participated in the following:				
I/We have not time or placement OR I/We have part placement of the or	participated in any of the child in this cicipated in court ca	or any other state. se(s) concerning the conther state. I/We have	ustody, visitation, parenting time or				
I/We have not time or placement OR I/We have part placement of the or	participated in any of the child in this cicipated in court cachild in this or any c	or any other state. se(s) concerning the cother state. I/We have	ustody, visitation, parenting time or participated in the following:				
☐ I/We have not time or placement OR ☐ I/We have part placement of the o	participated in any of the child in this cicipated in court cachild in this or any c	or any other state. se(s) concerning the cother state. I/We have	ustody, visitation, parenting time or participated in the following:				
I/We have not time or placementORI/We have part placement of the or	participated in any of the child in this cicipated in court cachild in this or any c	or any other state. se(s) concerning the cother state. I/We have	ustody, visitation, parenting time or participated in the following:				

Cas	e Name:						
	e Number:						
PET	TITION FOR GUARDIAN OF MINOR						
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 C	ourt 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						
	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	rs on this Petition that I do not want to disclose are: (Check all that apply)					
	☐ 3 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐] 14 🔲 1	17				
15.	Is this an Ex Parte request?		No				
	If yes, petitioner must complete the Ex Pa	rte (Emerg	gency) 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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Cas	e Name:					
	e Number:					
<u>PE I</u>	TITION FOR GUARDIAN OF MINOR					
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? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Unknown				
	If yes, is support collected by the Bureau of Child Support Services?					
	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 \underline{not} visit with his/her parents? \square Yes \square No \square 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 Sepermanency plan pursuant to the Adoption and Safe Families Act of 1997? Yes No Unknown	rvices as part of a				
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 service native corporations as defined in 43 U.S.C. §1602(c)?	es or certain Alaskan				
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: <u>BRIEF DESCRIPTION/GENERAL CHARACTER</u>	<u>VALUE</u>				
	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?				
_0.	Yes No					
	If yes, attach a copy of the petition or proposed petition seeking approval an documentation that is to be filed with the Superior Court or District Division	d all supplemental				

Cas	e Name:					
	e Number:					
PET	<u>ITION FOR GUARDIAN</u>	OF MINOR				
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any und <u>Ver</u> beli my	other state that collerstand the court ration: I verify the telectronic signature	ruld affect the may search aruth and act that all facts to this docur	ne child name for and revie curacy of all fa contained in t nent I acknow	ed in w any acts al his do dedge which	m the court of any couthis petition, and will of case involving this countered within this document are alleged in go my understanding that may include a fine or in	hild. ent to the best of my good faith. By affixing any false statements
Nam	ne of Filer			/S/S	ignature of Filer	Date
Law	Firm, if applicable	Bar ID	# of attorney	Ŧ	elephone	
Add	ress			Ē	-mail	
City		State	Zip code			
beli my	ef and further verify telectronic signature	that all facts to this docur	contained in t nent I acknow	his do dedge	leged within this documed are alleged in good may understanding that may include a fine or in	ood faith. By affixing any false statements
Nam	ne of Filer				ignature of Filer	Date
Law	Firm, if applicable	Bar ID	# of attorney	Ŧ	elephone	
Add	ress			Ē	-mail	
City		State	Zip code			