THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

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

Co	ourt Name:				
Case Name:					
Case Number:		JOINT PARENTING PETITION			
1.	Petitioner Name	Relationship to Child			
	Date of Birth	E-mail address (optional)			
	Residence Address				
	Mailing Address (if different)				
	Telephone Number (Home)		(Work)		
2.	Respondent Name		Relationship to Chil	d	
	Date of Birth	E-mail address (optional)			
	Residence Address				
	Mailing Address (if different)				
	Telephone Number (Home)		(Work)		
3.	Length of time parties have been	residents of New Ha	mpshire (P)	(R)	
	Length of time child(ren) has resid	led in New Hampshi	e		
4.	ist minor children born to or adopted by the parties:				
	Name	Date of Birth	Curr	ent Address	

Questions 5 – 8 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.

Jase Name: _				
Case Number:	:			
JOINT PAREN	ITING PETITION			
		or child/ron of the parties	has/have lived in the last fiv	(6) years and the
names of the	people they lived w		has/have lived in the last fiv w. Start with where the child	
oackward in ti				
Dates	Town/City, State	Parent(s)/Caretaker	Current Address/Contact	
From/To			Address of Parent/Caretal	ker Child/ren
		xtra Page (Form NHJB-265		
_ I have attac	ched Form NHJB 26	56-FPS because additiona	I space was needed.	
3. Are there	any person(s), not a	a party to this proceeding	, who have physical custody	of the child/ren or who
			rights? Yes No	
		ss(es) of person(s):	g	
11 you, 11st	mame(s) and addic	33(63) or person(3).		
_				
	e of the following:			
∐ I have	not participated in	any court case(s) concer	ning the custody, visitation, p	parenting time or
placemen	t of the child/ren in	this or any other state.		
OR				
□Ihave	participated in cour	t case(s) concerning the	custody, visitation, parenting	time or placement of
		ner state. I have participa		•
	e of Court	State	Case No.	Date of Court Order
			1	l
Are there	any actions for onfo	propagation or proceedings	relating to domestic violence	domostic relations
			ion, custody, parental rights	
			proceedings in any court in a	
		parents of those children		, complete the following:
Name	e of Court	State	Case No.	Type of Court Case
				•

Case Name:					
Case Number:					
JOINT PARENTING PETITION					
 No public assistance (TANF) is now being or medical assistance (Medicaid) presently being the N.H. Department of Health and Human smonths public assistance (TANF) and/or medical 	Asse check one of the following regarding public assistance. No public assistance (TANF) is now being or has within the last 6 months been provided, nor is medical assistance (Medicaid) presently being provided, for any minor child of the parties. 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 of the parties. If you check this box, you must mail copies of this petition and the personal data sheet to DHHS at:				
New Hampshire Department of Division of Child Support Servic 129 Pleasant Street Concord, NH 03301					
10. Requests for court orders:					
A. TEMPORARY. The parties respectfully requ	·				
☐ Child support ☐ Parenting Pla	n				
the following (check all that apply): A parenting plan which describes the pachildren; Child support obligations for any minor of the Any other relief which may be appropriated.	the following (check all that apply): A parenting plan which describes the parties' parental rights and responsibilities relating to minor				
l acknowledge that I have a continuing duty to info state that could affect the child/ren in this case.	orm the court of any court action in this or any other				
I swear or affirm that the foregoing information is true	and correct to the best of my knowledge.				
Date	Signature of Petitioner				
State of	, County of				
This instrument was acknowledged before me on	by				
My Commission Expires					
Affix Seal, if any	Signature of Notarial Officer / Title				
Signature of Attorney for Petitioner	_				
Printed Name, Address and Phone Number of Attorney	Bar #				

Case Name:	
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JOINT PARENTING PETITION	
I acknowledge that I have a continuing duty to informulate that could affect the child/ren in this case.	m the court of any court action in this or any other
I swear or affirm that the foregoing information is true ar	nd correct to the best of my knowledge.
Date	Signature of Respondent
State of	, County of
This instrument was acknowledged before me on _	by
My Commission Expires	
Affix Seal, if any	Signature of Notarial Officer / Title
Signature of Attorney for Respondent	
Printed Name, Address and Phone Number of Attorney	Bar #