

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

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

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

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

**PETITION FOR CONTEMPT**

1. Your Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

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

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

Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

2. Other Party's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

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

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

Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Please 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 the minor children of the parties.

The NH 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 any minor 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 Health and Human Services  
Division of Child Support Services - Legal Unit  
129 Pleasant Street  
Concord, NH 03301

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

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

**PETITION FOR CONTEMPT**

5. What order(s) is/are not being followed?

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

Date(s) (if known) of the court order(s) which is/are not being followed:

\_\_\_\_\_

How is/are the order(s) not being followed?

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

(Please attach additional page(s) if necessary.)

6. By filing this petition, you are asking the Court to hold the other party in contempt and order the other party to immediately obey the orders referred to in this Petition. The Court will schedule a hearing on your request.

**OTHER REQUESTS:**

- A. Order the other party to pay attorney's fees (if you have an attorney).
- B. Order the other party to pay the filing fees.
- C. Other (be specific).

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

- D. Grant any other orders which may be appropriate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Filing Petition  
(Sign in front of Notarial Officer)

\_\_\_\_\_  
Printed Name of Person Filing Petition

\_\_\_\_\_  
Attorney (if any) Bar #

\_\_\_\_\_  
Attorney's Address

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

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

My Commission Expires \_\_\_\_\_

Affix Seal, if any

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