

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

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

AFFIDAVIT AS TO MILITARY SERVICE

I (WE) _____
[enter names of petitioner]

of _____
[enter address]

state the following facts showing that, to the best of my (our) knowledge and belief:

1) The respondent(s)/defendant(s) _____

is (are) **not** in the military or other service of the United States included in the provisions of the Servicemembers Civil Relief Act (SCRA) and has (have) not been called by the governor to active duty for a period of 30 days or more as a member of the state guard or national guard or as a member of the militia within the meaning of RSA 110-C:2.

(Please state supporting facts, i.e., where respondent(s)/defendant(s) is (are) living, employed, or approximate age sufficient to show not in military service).

2) The respondent(s)/defendant(s) _____

is (are) in the military or other service of the United States included in the provisions of the Servicemembers Civil Relief Act (SCRA) or has (have) been called by the governor to active duty for a period of 30 days or more as member of the state guard or national guard or as a member of the militia within the meaning of RSA 110-C:2.

(Please state the name of the branch service and the respondent/defendant's address).

Date

Signature of Petitioner / Plaintiff

Date

Signature of Petitioner / Plaintiff

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____
Date Name of Petitioner/Plaintiff

My Commission Expires _____
Affix Seal, if any

Signature of Notarial Officer / Title