

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

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

MOTION TO WAIVE/REDUCE CHILD IMPACT SEMINAR FEE
Pursuant to RSA 458-D:8

In the matter of _____

I, _____, hereby request that the court waive/reduce the child impact seminar fee or require my fee to be paid by my spouse. In support of this motion it is stated that: I am required to attend a child impact seminar pursuant to RSA 458-D and I cannot afford to pay the fee.

(Check either box A or box B, whichever describes your situation)

A. I currently receive public assistance. I asked the CIP provider to reduce or waive the fee. A copy of the document received from the provider denying my request is attached.

OR

B. I do not currently receive public assistance so the CIP provider will not waive or reduce the fee. My financial affidavit is attached. I am unable to pay the CIP fee for the following reasons:

I request that the court waive or reduce the seminar fee, or in the alternative, require my spouse to pay.

Date

Signature

I certify that a copy of this form was mailed/delivered to opposing counsel/party on _____
Date

Signature

ORDER

- Motion granted. CIP fee is waived.
- Motion granted. CIP fee is reduced to \$_____.
- Motion granted. _____ (spouse) is ordered to pay the seminar fee in the amount or \$_____ to _____ (name of CIP provider) on or before _____ (date)
- Motion DENIED.
- It is further ordered that: _____

Recommended:

Date

Signature of Marital Master

Printed Name of Marital Master

So Ordered:

I hereby certify that I have read the recommendation(s) and agree that, to the extent the marital master/judicial referee/hearing officer has made factual findings, she/he has applied the correct legal standard to the facts determined by the marital master/judicial referee/hearing officer.

Date

Signature of Judge

Printed Name of Judge