THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

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Court Name:	
Case Name:	
Case Number:	
(if known) EXCEPTION AFFIDAVIT ON TH	HE CHILD IMPACT PROGRAM ATTENDANCE
	suant to RSA 458-D:8
l,	, hereby certify that:
I am currently incarcerated at	
or	
\Box I previously attended the seminar on $_$	(date/year) in the matter of
and	filed in
court (case number, if known:). Or,
The office of child support enforcement	t services has brought an action to enforce or modify an
existing order in my case.	
Date	Signature
State of	, County of
This instrument was acknowledged before	e me on by
My Commission Expires	
Affix Seal, if any	Signature of Notarial Officer / Title
I certify that a copy of this form was mailed	d/delivered to opposing counsel/party on this
	Date
	ORDER
Attendance at the seminar shall be wai	ved pursuant to RSA 458-D:8.
Other:	
Recommended:	
Date	Signature of Marital Master
So Ordered:	Printed Name of Marital Master
I hereby certify that I have read the recom	mendation(s) and agree that, to the extent the marital
•	made factual findings, she/he has applied the correct legal
standard to the facts determined by the ma	arital master/judicial referee/hearing officer.
Date	Signature of Judge
	Printed Name of Judge