THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

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Court	Name:
Case	Name:
Case Number: (if known) MOTION FOR EXTENSION OF TIME	
	☐ Annual Report ☐ Waiver of Administration Affidavit ☐ Other
1.	Fiduciary Name Capacity
	Mailing Address
	Fiduciary Name Capacity
	Mailing Address
2.	Attorney Name Telephone
_	Mailing Address Bar ID#
3.	If an extension for an Account or Annual Report is requested, the document due is for the
	period beginning and ending
4.	I am requesting that I be granted an extension of time to file the above form on the following date:
5.	Reason for Extension
	Have other extensions postponing this filing been previously granted? Yes No lf yes, please give details, including the number of previous extensions that a copy of this document has been provided to the parties who have filed an appearance
for this	case or who are otherwise interested parties.
Date	Fiduciary or Attorney Signature
Date	Fiduciary or Attorney Signature
	ORDER
	Motion for extension of time is granted. Filing date is extended to
Date	Judge
FOR	COURT USE ONLY: Due Date Default Date Citation Date Default Sent Citation Sent