## THE STATE OF NEW HAMPSHIRE

JUDICIAL BRANCH

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Сс	ourt Name:		
Case Name:		Guardianship of	
Case Number:			
(if	known) PE	TITION FOR GUARDIA	ANSHIP OF MINOR (PERSON ONLY) RSA 463
Th∉ 1.	•	es the following: e for guardianship over the mir	ior's person:
2.	Petitioner Nam	e	Relationship to Minor
	Mailing Addres	S	Telephone
	Petitioner Nam	e	Relationship to Minor
	Mailing Addres	S	Telephone
3.	Attorney for Pe	titioner	Telephone
	Mailing Addres	S	
4.	The minor is:	under OR over th	e age of fourteen. (Attach copy of birth certificate.)
	Minor's Legal N	lame	Date of Birth
	Mailing Addres	S	Telephone
	Alternate Name	es	
	Alternate Addr	esses	
			tts are deceased, attach a list of the names and addresses of the incles. (Attach copy of death certificate of deceased parent(s), if
	Father Name		Date of Birth
	Mailing Addres	s	Telephone
	Residence Add	dress (if different from above) _	
			Date of Birth
	Mailing Addres	s	Telephone
	Residence Add	dress (if different from above) _	
6.	Proposed Gua	rdian Name	Date of Birth
	Relationship to	Minor	Occupation
	Mailing Addres	s	Telephone
	Proposed Gua	rdian Name	Date of Birth
	Relationship to	Minor	Occupation
	Mailing Addres	s	Telephone

#### PETITION FOR GUARDIANSHIP OF MINOR (PERSON ONLY)

# Questions 7 – 11 are required under RSA 458-A, the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA).

It is important that you answer these questions with as much detail and accuracy as possible. Lack of adequate information could significantly delay orders being issued in your case.

There are several situations that might result in New Hampshire exercising jurisdiction over a child. The continuous presence of the child in New Hampshire for six (6) months is not the only basis for jurisdiction. In some emergency situations, the court may be able to exercise jurisdiction on a temporary basis.

7. List the places where the minor child has lived in the last **five (5) years** and the names of the people s/he lived with at that time, if you know. Start with where the child lives now and work backward in time.

Dates	Town/City, State	Parent(s)/Caretaker	Current Address/Contact	Which Child
From/To			Address of Parent/Caretaker	

### If more space is needed, attach Extra Page (Form NHJB-2656-FPS).

8. Are there any person(s), not a party to this proceeding, who have physical custody of the child or who claim to have custody, physical custody or parenting time rights?

If yes, list name(s) and address(es) of person(s):

#### 9. Check one of the following:

I have not participated in any court case(s) concerning the custody, visitation, parenting time or placement of the child in this or any other state.

OR

□ I have participated in court case(s) concerning the custody, visitation, parenting time or placement of the child in this or any other state. I have participated in the following:

Name of Court	State	Case No.	Date of Court Order

10. Are there any actions for enforcement, or proceedings relating to domestic violence, domestic relations, protective orders, marriage dissolution, paternity, legitimation, custody, parental rights and responsibilities, termination of parental rights, adoption, juvenile, or other proceedings in any court in any state affecting the child named in this petition or parents of that child?

child harred in this petition of parents of that enild?			, complete the following.
Name of Court	State	Case No.	Type of Court Case

Case Name:				
Case Number:				
11. Optional: I am alleging, under oath, that my or my child/ren's health, safety, or liberty would be jeopardized by the disclosure of identifying information set forth in this Petition. To support my allegation, I state as follows:				
<ul> <li>12. List the names and addresses of any persons havin</li> <li>60 days preceding the filing of this petition.</li> </ul>	ng the principal care and custody	y of the minor during the		
Name	Relationship to minor			
Address				
13. List names and addresses of any person(s) nomina deceased parent.				
Name	Relationship to minor			
Address	Telep	hone		
14. List names and addresses of any adults, other than the proposed guardian, who will be living in the same home as the minor. Those persons must provide the court with a completed Criminal Record Release Authorization form and a DHHS Record Release Authorization form.				
15. Is an adoption of the minor by the proposed guardian	(s) contemplated?	🗌 Yes 🗌 No		
16. Is the minor entitled to receive local, state or federal k	penefits and/or entitlements?	🗌 Yes 🗌 No		
17. Is there an existing child support order for this child?				
If yes, is support collected by the Division of Child Su	pport Services?	🗌 Yes 🗌 No		
If no, are you seeking a child support order as part	of this guardianship?	🗌 Yes 🗌 No		
18. Is there an existing court visitation order for this child	?	🗌 Yes 🗌 No		
If yes, attach a copy of that order to this petition.				
19. Is there any reason that this child should <u>not</u> visit with If yes, state clearly and specifically any reason(s).	his/her parents?	🗌 Yes 🗌 No		
20. Is this guardianship being sought by the Department	of Health and Human Services	as part of a permanency		
plan pursuant to the Adoption and Safe Families Act of 1997?				
21. Is the child an American Indian child as defined by the Yes No If yes, the name and address of				
Is the tribe recognized by the federal government as corporations as defined in 43 U.S.C. §1602(c)?	eligible for federal services or cer	rtain Alaskan native		
<ul> <li>22. Is this petition filed in conjunction with a settlement of minor's action, per RSA 464-A:42?</li> <li>Yes No If yes, attach a copy of the petition or proposed petition seeking approval and all supplemental documentation to be filed with the Superior or District Court.</li> </ul>				

Case Name:Case Number:			
PETITION FOR GUARDIANSHIP OF MINOR (PERSON ONI	_Y)		
23. State specific facts which are claimed to demonstrate interests of the minor. (Attach additional pages as needed number each paragraph.)			
REQUEST FOR TEMPORARY ORDI The petitioner(s) request(s) that the following relief be on the merits. (State clearly, and number separately,	granted in the best interests of the minor, after a hearing		
24. FOR EX PARTE RELIEF ONLY. State additional facts or attach an affidavit (statement under oath) allegi facts involving the circumstances of the minor which establish that unless the ex parte relief is granted, the mi will, or is likely to, suffer immediate or irreparable harm or injury.			
REQUEST FOR EX PARTE ORDERS The petitioner(s) request(s) that the following ex parte (emergency) relief be granted. (State clearly, and number separately, your requests to the court.)			
	with a count of any count option in this or any other		
I acknowledge that I have a continuing duty to inform state that could affect the child in this case.	In the court of any court action in this of any other		
I swear or affirm that the foregoing information is true ar	nd correct to the best of my knowledge.		
Date	Signature of Petitioner		
Date Ctata of	Signature of Petitioner		
State of			
This instrument was acknowledged before me on	by		
My Commission Expires			
Affix Seal, if any	Signature of Notarial Officer/Title		

FOR COURT USE ONLY. The following consents, if required, will be obtained by the judge at the time of the hearing.

We hereby voluntarily and knowingly give consent to the appointment of

\_\_\_\_\_as guardian(s).

Date

Date

Date

Date

Date

# Minor Signature

Parent Signature

Parent Signature

Guardian Signature

#### ORDER

Upon consideration of this petition, it is decreed that the petition be granted on a

TEMPORARY or PERMANENT basis, and letters of guardianship be issued.

#### 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