THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

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Court Name:	
Case Name:	
Case Number:	
	REDUCE CHILD IMPACT SEMINAR FEE Irsuant to RSA 458-D:7
l,	, 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 I state that:
I am required to register to attend a child court.	d impact seminar (CIP) before, or at, my First Appearance at
I am unable to register because I am un	able to pay the CIP registration fee.
My financial affidavit is attached.	
I have asked the CIP provider to redu	uce or waive the fee and my request was denied.
I currently receive Public Assistance	and cannot afford to pay the CIP fee.
OR	
I do not currently receive Public Assi:	stance and cannot afford to pay the CIP fee.
I am unable to pay the CIP fee for the fo	llowing reasons:
. ,	<u> </u>
I request that the court waive or reduce the	he seminar fee, or in the alternative, require my spouse to pay.
Date	Signature
I certify that on this date I provided a cop	by of this document to (other party) or to the party's attorney) by: Hand-delivery OR US Mail OR
E-mail (E-mail only by prior agreement of the	he parties based on Circuit Court Administrative Order).
Date	Signature
	Olg. Mills. C
	ORDER
☐ Motion granted. CIP fee is waived.	
☐ Motion granted. CIP fee is reduced t	o \$
Motion granted.	(spouse) is ordered to pay the seminar fee in the amount or
_	(name of CIP provider) on or before (date)
Motion DENIED.	 , , ,
It is further ordered that:	

Case Name:	
Case Number:	
MOTION TO WAIVE/REDUCE CIP SEMINAR FEE	
Recommended:	
Date	Signature of Marital Master/Referee
	Printed Name of Marital Master/Referee endation(s) and agree that, to the extent the marital ade factual findings, she/he has applied the correct legal ital master/judicial referee/hearing officer.
Date	Signature of Judge
	Printed Name of Judge