Clear Form

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

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

AFFIDAVIT OF NON-COMPLIANCE

_____ V. _____
Plaintiff Defendant

_____ Current Address _____

_____ _____

I (We), _____,

plaintiff(s) in this matter, do hereby state that defendant(s) has (have) failed to comply with the Court's order for periodic payment dated _____, and request that the Court issue orders of notice to show cause why the defendant(s) should not be held in contempt.

Date of Last Payment: _____

Total Amount Paid: $ _____

Total Amount Due: $ _____

☐ I request that orders of notice be issued to me for service by certified mail, restricted delivery, return receipt requested. I understand that I will responsible for this expense.

☐ I request that orders of notice be issued to me for personal service by a law enforcement officer. I understand I will be responsible for this expense.

I certify that on this date I provided a copy of this document to Defendant/Defendant Attorney by:
☐ Hand-delivery OR ☐ US Mail OR ☐ E-mail (E-mail only by prior agreement of the parties based on Circuit Court Administrative Order).

_____ _____
Date Plaintiff's Signature

Top of Page