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

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

PETITION FOR CIVIL UNION DISSOLUTION

1. Petitioner Name _____
   Date of Birth _____ E-mail Address _____
   Residence Address _____
   Mailing Address (if different) _____
   Telephone (Cell) _____ (Home) _____ (Work) _____
2. Respondent Name _____
   Date of Birth _____ E-mail Address _____
   Residence Address _____
   Mailing Address (if different) _____
   Telephone (Cell) _____ (Home) _____ (Work) _____
3. City and State of Civil Union _____
   Date of Civil Union _____
4. Length of time petitioner has been a resident of New Hampshire: _____
5. List minor children born to, or adopted by the parties either before or during the civil union:

Name	Date of Birth	Current Address

If there are minor children born to or adopted by the parties either before or during the civil union, complete questions 6 – 10. This information is 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 child/ren. The continuous presence of the child/ren 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.

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

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

If more space is needed, attach Extra Page (Form NHJB-2656-FP).
☐ **I have attached Form NHJB-2656-FP because additional space was needed.**

7. Are there any person(s), not a party to this proceeding, who have physical custody of the child/ren or who claim to have custody, physical custody or parenting time rights? ☐ Yes ☐ No
If yes, list name(s) and address(es) of person(s):

_____
_____
_____
_____

8. 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/ren 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/ren in this or any other state. I have participated in the following:

Name of Court	State	Case No.	Date of Court Order

9. 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 any children named in this petition or parents of those children? ☐ Yes ☐ No
If yes, complete the following:

Name of Court	State	Case No.	Type of Court Case

10. 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:

_____

_____

_____

_____

11. Please check one of the following regarding public assistance.
    - ☐ No public assistance (TANF) is now being or has within the last 6 months been provided, nor is medical assistance (Medicaid) presently being provided, for any minor child of the parties.
    - ☐ The N. H. Department of Health and Human Services is providing or has provided within the last 6 months public assistance (TANF) and/or medical assistance (Medicaid) for a minor child or children of the parties. If you check this box, you must mail copies of this petition and the Personal Data Sheet (**NHJB-2077-F**) to DHHS at:

    New Hampshire Department of Health and Human Services
    Bureau of Child Support Services - Legal Unit
    129 Pleasant Street
    Concord, NH 03301

12. To the knowledge of the parties, is either party pregnant? ☐ Yes ☐ No

13. Do the parties own real estate jointly? ☐ Yes ☐ No
    Does the petitioner own real estate individually? ☐ Yes ☐ No
    Does the respondent own real estate individually? ☐ Yes ☐ No

14. The cause for dissolution is: **(Check one or both)**
    - ☐ Irreconcilable differences have developed that have caused the irremediable breakdown of the civil union.
    - ☐ Other: _____

15. Requests for court orders:
    A. TEMPORARY. The Petitioner respectfully requests that the Court issue temporary orders on any of the following issues. **(Check all that apply)**. A temporary order is in effect until the dissolution is granted.

    ☐ Child support ☐ Parenting Plan ☐ Use of personal property and payment of debt
    ☐ Alimony ☐ Use of family home ☐ Other: _____

    B. FINAL. The Petitioner respectfully requests that the Court grant a civil union dissolution, equitably divide personal property, real estate, debts and obligations of the parties, and issue a final order approving or establishing the following **(check all that apply)**:

    ☐ A parenting plan which describes the parties' parental rights and responsibilities relating to minor children;

    ☐ Child support obligations for any minor children;

    ☐ Alimony;

    ☐ Any other relief which may be appropriate;

    ☐ Other: _____

I acknowledge that I have a continuing duty to inform the court of any court action in this or any other state that could affect the child/ren in this case.

I swear or affirm that the foregoing information is true and correct to the best of my knowledge.

_____ _____
Date Signature of Petitioner

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____ _____
Affix Seal, if any Signature of Notarial Officer / Title

_____
Signature of Attorney for Petitioner

_____
Printed Name, Address and Phone Number of Attorney Bar #

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