

The State of New Hampshire

JUDICIAL BRANCH - SUPERIOR COURT

_____ COUNTY

In the matter of _____

PETITION FOR DIVORCE

1. Your Name _____ Date of Birth _____
 Residence Address _____

Town/City
County
State
2. Spouse's Name _____ Date of Birth _____
 Residence Address _____

Town/City
County
State
3. City and state where you were married _____
 Date of marriage _____
4. You have been a resident of New Hampshire since _____
5. Children born to or adopted by you and your spouse either before or during the marriage:

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

6. To my knowledge, wife Is Is not pregnant:
7. Please check one of the following regarding public assistance:
 - No public assistance (AFDC/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 listed in Paragraph 5.
 - The N.H. Department of Health and Human Services is providing or has provided within the last 6 months public assistance (AFDC/TANF) and/or medical assistance (Medicaid) for any minor child. If this is checked, you must mail copies of this petition and the confidential data sheet to the Department at:

OCS Legal Office
 6 Hazen Drive
 Concord, NH 03301

8. The cause for divorce is (check one or both):
 - Irreconcilable differences have caused the irremediable breakdown of the marriage.
 - Other grounds (fill in) _____

