

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

Court Name: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_  
(if known)

**PERSONAL DATA SHEET**

1. Name of person(s) completing this form \_\_\_\_\_

(Check if applicable) Because I believe that my safety, or the safety of my children is at risk, I request that the information contained in this Personal Data Sheet not be disclosed to the other party. The reasons are: \_\_\_\_\_

2. Type of case filed today:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Petition for Divorce                        | <input type="checkbox"/> Petition for Legal Separation | <input type="checkbox"/> Joint Petition for Legal Separation |
| <input type="checkbox"/> Joint Petition for Divorce                  |  | <input type="checkbox"/> Domestic Violence Petition          |
| <input type="checkbox"/> Petition for Civil Union Dissolution        |  | <input type="checkbox"/> Parenting Petition                  |
| <input type="checkbox"/> Joint Petition for Civil Union Dissolution  |  | <input type="checkbox"/> Paternity/Legitimation              |
| <input type="checkbox"/> Petition to Change Court Order/Modification |  | <input type="checkbox"/> Other: _____                        |

3. Name of Petitioner \_\_\_\_\_ Date of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Telephone (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

4. Name of Respondent \_\_\_\_\_ Date of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Telephone (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

5. Child(ren)'s Full Name(s)      Date of Birth      Social Security #      State of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (if joint petition)