Instructions Clear Form

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

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

NOTICE OF INTENT TO CLAIM PATERNITY
AND
REQUEST FOR HEARING

(RSA 170-B:5 and 170-B:6)

1. Alleged father of child _____ Telephone _____

   Residence address _____

   Mailing address _____

2. Child's name _____

   Date of birth _____ Place of birth _____

3. Mother of child named above _____

I HEREBY CLAIM PATERNITY OF THE CHILD NAMED ABOVE AND REQUEST A HEARING TO PROVE THAT I AM THE FATHER OF THIS CHILD.

_____ _____
Date Signature

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

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