

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

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

PETITION FOR GRANDPARENT VISITATION
Pursuant to RSA 461-A:13

*If the parent of the minor child(ren) is unwed, any grandparent filing a petition under this section shall attach proof (for example, a copy of the birth certificate) of legitimation by the parent pursuant to RSA 460:29 or establishment of paternity.

1. Petitioner(s) Name(s) _____
Date of Birth _____ E-mail address _____
Residence Address _____
Mailing Address (if different) _____
Telephone Number (Home) _____ (Work) _____

2. Name of Mother _____
Date of Birth _____ E-mail address _____
Residence Address _____
Mailing Address (if different) _____
Telephone Number (Home) _____ (Work) _____

3. Name of Father _____
Date of Birth _____ E-Mail address _____
Residence Address _____
Mailing Address (if different) _____
Telephone Number (Home) _____ (Work) _____

4. If parents of children were married, list the date of marriage _____

5. Length of time child(ren) has been a resident of New Hampshire _____

6. List any minor children to be affected by this petition:

Name	Date of Birth	Current Address

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Questions 7 – 11 are 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.

7. List the places where the minor child/ren 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.

8. 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):

9. 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

Case Name: _____

Case Number: _____

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10. 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

11. 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:

12. 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 listed above.
- 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 listed above. If you check this box, you must mail copies of this petition and the personal data sheet to DHHS at:

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

13. What orders do you want the court to make, and what reasons do you have, under RSA 461-A:13, for the court to make these orders?

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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

Attorney for Petitioner(s) (if any)

Printed Name, Address, E-mail, and Phone Number of Attorney (if any)