

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

Court Name: _____
Case Name: _____
Case Number: _____

UNIFORM ALIMONY ORDER

Name, Residence and Mailing Address of Person
Ordered to Pay Support (Obligor)

D.O.B. _____ Telephone: _____

E-mail Address: _____

Name of Employer: _____

Address of Employer:

Name, Residence and Mailing Address of
Person Receiving Support (Obligee)

D.O.B. _____ Telephone: _____

E-mail Address: _____

Name of Employer: _____

Address of Employer:

Alimony was contested and is denied because _____ OR

Alimony was contested and is ordered because _____ OR

Alimony is based on an agreement of the parties.

Alimony is to be paid as follows:

Temporary alimony:

\$ _____ per _____ (week, month, etc.) by
_____ (method of payment) until _____ (date payments will end)

Term alimony:

\$ _____ per _____ (week, month, etc.) by
_____ (method of payment) until _____ (date payments will end)

OR _____ (number of) payments of \$ _____, which ends upon completion of all payments.

The following special circumstances warrant an adjustment from the formula amounts and/or durational limits:

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Reimbursement alimony:

\$ _____ per _____ (week, month, etc.) by
_____ (method of payment) until _____ (date of termination)

Full retirement age and/or actual retirement age will impact payments as follows

Security under RSA 458:19-aa, VI is required as follows

Alimony arrearage:

\$ _____ as of _____,
payable \$ _____ per _____ (week, month, etc.)

Recommended:

Date

Signature of Marital Master

Printed Name of Marital Master

So Ordered:

I hereby certify that I have read the recommendation(s) and agree that, to the extent the marital master/judicial referee/hearing officer has made factual findings, she/he has applied the correct legal standard to the facts determined by the marital master/judicial referee/hearing officer.

Date

Signature of Judge

Printed Name of Judge