

**STATE OF NEW HAMPSHIRE  
SUPREME COURT**

Docket No. \_\_\_\_\_

\_\_\_\_\_ v. \_\_\_\_\_  
**Plaintiff** **Defendant**

**AFFIDAVIT OF ASSETS AND LIABILITIES**

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_
2. Where do you live: \_\_\_\_\_
3. Marital Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed
4. List the names, ages, and relationships of dependents you support:  
 \_\_\_\_\_  
 \_\_\_\_\_
5. If you are presently employed, state where and for how long: \_\_\_\_ Full Time \_\_\_\_ Part Time  
 \_\_\_\_\_  
 \_\_\_\_\_
6. If unemployed, state last date of employment: \_\_\_\_\_
7. When do you anticipate new employment: \_\_\_\_\_
8. If your spouse is presently employed, state where and for how long:  
 \_\_\_\_\_
9. If your spouse is unemployed, state last date of employment: \_\_\_\_\_
10. List other employed household members and their **weekly** income:  
 \_\_\_\_\_
11. Please state **weekly take-home** amount:

	<b>YOURS</b>	<b>SPOUSE'S</b>
Salary/Wages	\$ _____	\$ _____
Pension/Trust Benefits	\$ _____	\$ _____
Unemployment Comp.	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Welfare Payments	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>

12. What money is presently available to you:
 

Cash on hand		\$ _____
Checking Account	_____	\$ _____
	Name of Bank	
Savings Account	_____	\$ _____
	Name of Bank	
Stocks/Bonds/Ira/Pension	_____	\$ _____
	Identify	
	<b>TOTAL</b>	<b>\$ _____</b>

13. **(If inmate)** State amount deposited in inmate's account for the last three months: \$ \_\_\_\_\_

14. Please state your **monthly** household expenses:

Rent/Mortgage \$ \_\_\_\_\_  
 Property Taxes \$ \_\_\_\_\_  
 Heat \$ \_\_\_\_\_  
 Food \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Medical/Dental \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_  
 Transportation \$ \_\_\_\_\_  
(including gas, maintenance, insurance, repairs)  
 Other \$ \_\_\_\_\_  
(specify type of expense):

**TOTAL \$** \_\_\_\_\_

15. List any real estate you own, its market value and the amount you owe:

16. List any vehicles you own (car, truck, motorcycle, snowmobile, RV), their market value and the amount you owe:

17. List income tax paid last year:

18. List income tax refund received last year:

19. Other than monthly household expenses, list any bills you owe, amount owed, to whom, and monthly payments:

20. Other than those previously mentioned, list anyone to whom you owe money, amount and when it is due:

21. List court-ordered bills (i.e., alimony, judgment in law suit, etc.):

22. If anyone owes you money, state name, address, amount due, and when due:

23. List any property you have transferred within the last three years, to whom and for what price:

24. List any other assets or expenses not previously mentioned:

**IF YOU NEED ADDITIONAL SPACE TO ANSWER ANY QUESTION ABOVE, ATTACH A SHEET OF PAPER TO THIS FORM AND PROVIDE THE ADDITIONAL INFORMATION ON IT.**

I swear the foregoing information and any information provided by me on any attached sheets is true and correct to the best of my knowledge under penalties of law.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

**(The following section must be completed only by inmates.)**

I swear under oath that this civil claim has not been previously brought against the same parties or from the same operative facts in any state or federal court. I further swear that the foregoing information and any information provided by me on any attached sheets is true and correct to the best of my knowledge under penalties of law.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

*Subscribed and sworn by appellant, before me.*

\_\_\_\_\_ Date \_\_\_\_\_ Notary Public