

**THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
NH CIRCUIT COURT**

Court Name: _____

Telephone: 1-855-212-1234
TTY/TDD Relay: (800) 735-2964
http://www.courts.state.nh.us

DOMESTIC VIOLENCE PETITION
Pursuant to RSA 173-B

Case Number: _____ **PNO** _____

Plaintiff _____ Plf Date of Birth _____ V. Defendant _____ Def Date of Birth _____

Sex: M F
Race: Asian Other Black
 Unavailable Indian White
 Multiracial Native Hawaiian or Other
Pacific Islander

Sex: M F

Street Address

Ethnicity: Hispanic Non-Hispanic Refused

City / State / Zip

RELATIONSHIP to DEFENDANT

Married Household member
 Divorced Other _____
 Separated
 Cohabit / cohabited
 Child in common

TO THE JUDGE OF THE COURT: I am in immediate danger of abuse by the defendant. I base my request for protection from abuse on the following facts that occurred on the following dates, and ask the court to issue orders as noted below:

SEE ATTACHED ADDITIONAL PAGE(S)

The defendant and I are currently involved in or have received orders in the following court actions:
 divorce custody protective order none other _____

Please list the court(s) handling the case(s): _____

Are you represented by a lawyer in any of these matters? Yes No

Residence: own rent in whose name? _____

Children living in household:

NAME	DOB	CHILD PRIMARILY RESIDES WITH:
_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Joint

Note: If you have minor children born to or adopted by you and the defendant, you must submit a UCCJEA Affidavit (Form NHJB-2660-FP)

I have suffered the following financial losses as a result of the abuse:

<input type="checkbox"/> medical / dental / optical expenses	<input type="checkbox"/> loss of wages
<input type="checkbox"/> loss of personal property	<input type="checkbox"/> other (explain) _____

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DOMESTIC VIOLENCE PETITION

REQUEST FOR PROTECTIVE ORDERS:

1. Restrain the defendant from abusing me, having any contact with me, whether in person or through third persons, including but not limited to contact by telephone, letters, fax, texting, social media, e-mail, the sending or delivery of gifts or any other method, unless specifically authorized by the court.
2. Restrain the defendant from entering in or on the premises (including curtilage) where I reside except with a peace officer for the purpose of removing defendant's personal possessions; my place of employment; my school.
3. Restrain the defendant from abusing my relatives or members of my household.
4. Restrain the defendant from taking, converting or damaging property in which I have a legal or equitable interest.
5. Direct the defendant to temporarily relinquish to a peace officer any firearms or other deadly weapons, including _____
6. Award temporary custody of our minor child(ren) to me.
7. Restrain the defendant from contact and from taking, transferring, encumbering, concealing, committing an act of cruelty or neglect or disposing of any animal owned, possessed, leased, kept or held by me or the defendant or a minor child in either household.

REQUEST FOR ADDITIONAL ORDERS:

8. Direct the defendant to make child support payments to me for the care of our minor children.
9. Direct the defendant to follow a court approved visitation plan if defendant wishes to exercise child visitation rights.
10. Award me the exclusive right to use and possession of our residence and household furnishings.
11. Award me the exclusive right of use and possession of the following vehicle:

12. Award me the exclusive care, custody or control of any animal owned, possessed, leased, kept or held by me, the defendant or a minor child in either household.
13. Order the defendant to pay me for financial losses suffered as a direct result of the abuse.
14. Recommend that the defendant attend a batterers treatment program or personal counseling.
15. Other relief: _____

