| THE STATE OF NEW HAMPSHIRE<br>JUDICIAL BRANCH<br>http://www.courts.state.nh.us                                    | <u>:</u>                              |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Court Name:                                                                                                       |                                       |
| Case Name:                                                                                                        |                                       |
| Case Number:                                                                                                      |                                       |
| MOTION TO WAIVE/REDUCE CHILD IMPACT SEN<br>Pursuant to RSA 458-D:7                                                | /INAR FEE                             |
| I,, hereby request that the court wai impact seminar fee or require my fee to be paid by my spouse. In support of |                                       |
| I am required to register to attend a child impact seminar (CIP) before, or a court.                              | t, my First Appearance at             |
| I am unable to register because I am unable to pay the CIP registration fee                                       |                                       |
| My financial affidavit is attached.                                                                               |                                       |
| I have asked the CIP provider to reduce or waive the fee and my reques                                            | st was denied.                        |
| I currently receive Public Assistance and cannot afford to pay the CIP fe                                         | e.                                    |
| OR                                                                                                                |                                       |
| I do not currently receive Public Assistance and cannot afford to pay the                                         | CIP fee.                              |
| I am unable to pay the CIP fee for the following reasons:                                                         |                                       |
| I request that the court waive or reduce the seminar fee, or in the alternative                                   | , require my spouse to pay.           |
| Date Signature                                                                                                    |                                       |
| I certify that on this date I provided a copy of this document to                                                 | · · · · · · · · · · · · · · · · · · · |
| (other party's attorney) by: Hand-deli                                                                            |                                       |
| Date Signature                                                                                                    |                                       |
| ORDER                                                                                                             |                                       |
| Motion granted. CIP fee is waived.                                                                                |                                       |
| Motion granted. CIP fee is reduced to \$                                                                          |                                       |
| Motion granted (spouse) is ordered to pay the se                                                                  | minar fee in the amount or            |
| \$ to (name of CIP provider) on or b                                                                              | efore (date)                          |
| Motion DENIED.                                                                                                    |                                       |
| It is further ordered that:                                                                                       |                                       |

## Case Name:

Case Number:

## MOTION TO WAIVE/REDUCE CIP SEMINAR FEE

## **Recommended:**

Date

Signature of Marital Master/Referee

Printed Name of Marital Master/Referee

## 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