THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

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C	Court Name:					
Ca	Case Name:					
				_		
(11	(if known)	COMPLAINT FOR	R RESTRAINING ORD)ER		
1.	1. Plaintiff's Name(s) _					
	Mailing Address (if o	lifferent)				
2.	2. Defendant's Name(s	s)				
	Residence Address					
	Mailing Address (if o	lifferent)				
3.	What is your relationship to the defendant?					
Co	Court issue a restrainir		endant. Use a separate p	ny you are requesting that the paragraph for each allegation		
4.	First thing that happ	First thing that happened (in one sentence):				
5.	5. Second thing that h	Second thing that happened (in one sentence):				
6.	6. Third thing that hap	pened (in one sentence):			
			,			
	-					

Continue on using separately numbered paragraphs (attach additional sheets if necessary).

Case Name:					
Case Number:					
COMPLAINT FOR RESTRAINING ORDER					
For the reasons stated in this Complaint, I request that	at the Court issue the following orders:				
A. Describe the orders you want the Court to make:					
. Restrain the defendant from threatening, harassing or intimidating me, or interfering with my perty.					
. Restrain the defendant from having any contact with me, whether in person or through third ersons, including but not limited to contact by telephone, letters, fax, texting, social media, e-mail, ne sending or delivery of gifts or any other method, unless specifically authorized by the court.					
3. Restrain the defendant from appearing in proximity to my residence, place of employment or school, or appearing at any other place where I may be.					
4. 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.					
5. Restrain the defendant from taking, converting or damaging property in which I have a legal or equitable interest.					
6. Ex Parte Motion. See attached.					
7. Other relief:					
7. Dulei Tellei.					
	_				
·					
B. All other relief the Court deems fair and just.					
Name of Filer	Signature of Filer Date				
Law Firm, if applicable Bar ID # of attorney	Telephone				
Address	E-mail				
City State Zip code					