

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

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

AFFIDAVIT OF ASSETS AND LIABILITIES

Plaintiff v. _____
Defendant

1. Name: _____ DOB: _____
2. Where do you live? _____
3. What is your marital status? _____
4. List the names, ages, and relationships of dependents you support:

5. If you are presently employed, state where, whether full time or part time and for how long:
Employer name _____ Full/part time _____ Length of employment _____

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:

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

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AFFIDAVIT OF ASSETS AND LIABILITIES

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		
TOTAL		\$	_____

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

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

Rent/Mortgage	\$ _____	Clothing	\$ _____
Property Taxes	\$ _____	Transportation	\$ _____
Heat	\$ _____	(including gas, maintenance, insurance, repairs)	
Food	\$ _____	Other	\$ _____
Utilities	\$ _____	(specify type of expense)	
Medical/Dental	\$ _____	_____	
Insurance	\$ _____	_____	
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:

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AFFIDAVIT OF ASSETS AND LIABILITIES

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

/s/ _____
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

/s/ _____
Signature

Subscribed and sworn by appellant, before me.

Date

Notary Public