

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
<https://www.courts.nh.gov>

Court Name: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_  
(if known)

**UNIFORM ALIMONY ORDER**

Name, Residence and Mailing Address of  
Person Ordered to Pay Support (Obligor)

Name, Residence and Mailing Address of  
Person Receiving Support (Obligee)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D.O.B. \_\_\_\_\_ Telephone: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer:  
\_\_\_\_\_  
\_\_\_\_\_

Address of Employer:  
\_\_\_\_\_  
\_\_\_\_\_

Alimony was contested and is denied because \_\_\_\_\_ OR

Alimony was contested and is ordered because \_\_\_\_\_ OR

Alimony is based on an agreement of the parties.

**Alimony is to be paid as follows:**

Temporary alimony:  
\$ \_\_\_\_\_ per \_\_\_\_\_ (week, month, etc.) by  
\_\_\_\_\_ (method of payment) until \_\_\_\_\_ (date payments will end)

Term alimony:  
\$ \_\_\_\_\_ per \_\_\_\_\_ (week, month, etc.) by  
\_\_\_\_\_ (method of payment) until \_\_\_\_\_ (date payments will end)

OR \_\_\_\_\_ (number of) payments of \$ \_\_\_\_\_, which ends upon completion of all payments.

The following special circumstances warrant an adjustment from the formula amounts and/or durational limits:

\_\_\_\_\_  
\_\_\_\_\_

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**UNIFORM ALIMONY ORDER**

Reimbursement alimony:

\$ \_\_\_\_\_ per \_\_\_\_\_ (week, month, etc.) by  
\_\_\_\_\_ (method of payment) until \_\_\_\_\_ (date of termination)

Full retirement age and/or actual retirement age will impact payments as follows

Security under RSA 458:19-aa, VI is required as follows

Alimony arrearage:

\$ \_\_\_\_\_ as of \_\_\_\_\_,  
payable \$ \_\_\_\_\_ per \_\_\_\_\_ (week, month, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Obligor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Obligor's Attorney/Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Obligee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Obligee's Attorney/Witness

I certify that on this date I provided a copy of this document to \_\_\_\_\_ (other party) or to  
\_\_\_\_\_ (other party's attorney) by:  Hand-delivery OR  US Mail OR  
 E-mail (E-mail only by prior agreement of the parties based on Circuit Court Administrative Order).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Recommended:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Marital Master

\_\_\_\_\_  
Printed Name of Marital Master

**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