

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

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

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

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
RECORD RELEASE AUTHORIZATION
(RSA 463:5, VI and 464-A:4, V)

To: Department of Health and Human Services and all its divisions
I hereby authorize the release of any child or adult abuse and/or neglect record that you may find concerning me to the (court) \_\_\_\_\_

at (address) \_\_\_\_\_

Official Use Only

1. Name \_\_\_\_\_

Mailing address \_\_\_\_\_

2. Also known by following names (example: maiden name)

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

3. Date of birth \_\_\_\_\_

4. List other states where you have resided as an adult and when

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

I understand that the information disclosed and provided by you under this request and release authorization is intended for use by the above named court, in conjunction with the above referenced matter and subject to any confidentiality requirements applicable to such legal proceeding.

Verification: I verify the truth and accuracy of all facts alleged within this document to the best of my belief and further verify that all facts contained in this document are alleged in good faith. By affixing my electronic signature to this document I acknowledge my understanding that any false statements made in this document are punishable as perjury which may include a fine or imprisonment or both.

\_\_\_\_\_  
Name of Filer

/s/ \_\_\_\_\_  
Signature of Filer Date

\_\_\_\_\_  
Law Firm, if applicable Bar ID # of attorney

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
City State Zip code

The court requires that the search be conducted and the information be provided as specified above.