

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

Court Name:
Case Name:
Case Number: (if known)

STATEMENT OF ASSETS AND LIABILITIES
FOR INDIVIDUALS AND SOLE PROPRIETORS

1. Name: DOB:
2. Residence Address:
3. Mailing Address (if different):
4. Marital Status: Single Married Separated Widowed
5. List the names, ages, relationships of dependents you support:

6. If you are presently employed, state where and for how long: Full-Time Part-Time

7. If unemployed, state last date of employment:

8. When do you anticipate new employment?

9. If your spouse is presently employed, state where and for how long? Full-Time Part-Time

10. If spouse unemployed, state last date of employment:

11. List other employed household members and their weekly income:

Table with 3 columns: Item, Yours, Spouse's. Rows include Salary/Wages, Child Support, Alimony, Trust Benefits, Investment Income, Other, *Social Security, *Welfare Benefits, *Veteran's Benefits, *Pension, **Unemployment Compensation, **Worker's Compensation, and Total.

13. What money is presently available to you?
Cash on hand
Checking account
Savings account
Stocks/Bonds/IRA/Pension
Total

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

Rent/Mortgage	\$ _____	Cell Phone	\$ _____
Property Taxes	\$ _____	Clothing	\$ _____
Heat	\$ _____	Transportation	\$ _____
Food	\$ _____	(including gas, maintenance, insurance, repairs)	
Utilities	\$ _____	Other (specify)	
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, boat, 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 payment:

20. List which of your bills are court-ordered payments (i.e. alimony, judgment in a law suit, etc.):

21. Other than those previously mentioned, list anyone to whom you owe money, amount and when it is due:

22. If anyone owes you money, state name, address, amount due, and when due:

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:

* Exempt income – The Court may not consider this income. If this represents the sole source of income, the court may not issue a payment order.

** Potentially/partially exempt income – The Court may be unable to consider this income. Based upon the facts of the case, the Court may or may not issue a payment order.

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I state that on this date I am sending a copy of this document as required by the rules of the Circuit Court. I am electronically sending this document through the court's electronic filing system to all attorneys and to all other parties who have entered electronic service contacts (email addresses) in this case. I am mailing or hand-delivering copies to all other interested parties.

_____ Name of Filer		/s/ _____ Signature of Filer	_____ Date
_____ Law Firm, if applicable	_____ Bar ID # of attorney	_____ Telephone	
_____ Address		_____ E-mail	
_____ City	_____ State	_____ Zip code	

Notice of Protected (Exempt) Sources of Income

PERIODIC PAYMENTS CANNOT BE ORDERED FROM THE FOLLOWING SOURCES OF INCOME (subject to some exceptions):

- Social Security Old-Age, Survivors & Disability Insurance Benefits (42, U.S.C. § 407)
- Supplementary Security Income (SSI) for the Aged, Blind and Disabled (42 U.S.C. §407 and §1383(d)(1))
- Unemployment Compensation Benefits (RSA 282-A:159) (Exemption from payment orders except debts incurred for basic needs expenses for you or your family during the period of unemployment.
- Public Assistance Payments to the Blind, Aged or Disabled Persons and Dependent Children (ANB, OAA, APTD and TANF/FANF) (RSA 167:25)
- Veterans Benefits including: Retirement Benefits (10 U.S.C. §1440), Survivors' Benefits (10 U.S.C. §1450), Other Veterans Benefits (38 U.S.C. § 5301(a)), Medal of Honor Veterans Benefits (38 U.S.C. § 1562)
- Workers Compensation Benefits (RSA 281-A:52) (Exemption from payment orders except debts for medical and related care for the compensated injury and claims for legal fees approved by the Superior Court for prosecuting the workers compensation claim.
- Retirement funds including Individual Retirement Accounts, Stock Bonus, Pension, Profit-Sharing, Annuity or Similar Qualified Plan (RSA 511:2(XIX)). Exempt from periodic payments up to \$362.50 per week. If income and expenses are shared with another person with whom you live and the other person also receives income from such a retirement plan or arrangement, the exemption is up to \$725.00 per week.
- Civil Service Retirement Benefits (5 U.S.C. § 83466(a))
- Armed Forces Retirement Pay (10 U.S.C. § 1440)
- Railroad Retirement Act Annuities and Pensions (45 U.S.C. § 231m)
- Fireman's Retirement Pay (RSA 102:23)
- Fireman's Relief Payments (RSA 402:69)
- Foreign Services Retirement and Disability Payments (22 U.S.C. § 4060(c))
- Injury or Death Compensation Payments from War Risk Hazards (42 U.S.C. § 1717) (With exception of monies paid as reimbursement for funeral expenses or as reimbursement with respect to payments of worker's compensation or in the nature of worker's compensation benefits.)
- Lighthouse Keepers Widow's Benefits (33 U.S.C. §775)
- Wages of Fisherman, Seaman and Apprentices (46 U.S.C. § 11109) (With exception for an order of a court about the payment by a master or seaman of any part of the master's or seaman's wages for the support and maintenance of the spouse or minor children of the master or seaman, or both).
- Longshoremen's and Harbor Worker's Compensation Act Death and Disability Payments (33 U.S.C. § 916)

PLEASE NOTE: IF YOU HAVE INCOME FROM ANY OF THE SOURCES LISTED ABOVE, PLEASE BRING VERIFICATION (FOR EXAMPLE, YOUR AWARD LETTER) TO COURT WITH YOU.