THE STATE OF NEW HAMPSHIRE

JUDICIAL BRANCH

http://www.courts.state.nh.us

Cou	urt Name:						
Cas	se Name:						
	nown)						
	ORTANT: You must als	IAL AFFIDAVIT OF A so complete the Request f Guardian <i>Ad Litem</i> (NHJB	for State of New	Hampshire to pa			
1.	Applicant Name:						
2.		oleting Form:					
3.	List the names, ages, a Name	and relationship of depend Age	dents you suppo	ort. Relationship			
4.		nployed, state where and f		Eull-Time			
5.	If unemployed, state la	est date of employment.					
6.		e new employment?					
7.	If your spouse is prese	ently employed, state when	re and for how l		Part-Time		
8.	If your spouse is unem	ployed, state last date of	employment.				
9.	List all other household	ir contributions to	the household				
	expenses if any. Name		nly Income	2	ibution		
10.	List any real estate you own, its market value and the amount you owe. Location:						
	Market Value		\$				
	Mortagao Owod		\$				
	Mortgage Owed		Ψ				
		ate (Market Value minus M	·	\$			
11.	Net Value of Real Esta	own (car, truck, motorcycle	lortgage Owed)		e), their market		
11.	Net Value of Real Esta List any vehicles you o	own (car, truck, motorcycle	lortgage Owed)		e), their market Net Value (Market Value minus Amt Owed)		
11.	Net Value of Real Esta List any vehicles you o value and the amount	own (car, truck, motorcycle	fortgage Owed) e, snowmobile, r Market	recreation vehicle	Net Value (Market Value		

	ANCIAL AFFIDAVIT OF ASSETS & LIABILITIES What money is presently available to you?					
12.	Cash on hand Checking account				\$	
	Savings account	t				
	Stocks/Bonds/IF	RA/Pension			\$_	
				Total	\$_	
13.	Please state monthly ta	ke-home amount	t	Applicant (You)	Spouse
				(A)	•	(B)
	Salary/Wages			\$	\$_ *	
	Pension/Trust B			\$		
		Compensation		\$		
	Social Security			\$		
	Investment inco	me		\$		
	Alimony			ድ		
	Child Support Welfare Paymer	ate		ቅ ድ		
	Other	115		\$		
	Total			\$ \$		
				•	Ť _	
4.	Please state your monthly household expenses:					
	-	\$	-			
	Property Taxes	\$	_			
	Heat					
	Food	\$	_			
	Utilities	\$	_			
	Medical/Dental	\$	_			
	Insurance	\$	_			
	Other \$		Please spec	ify		
	Total	\$	_			
5.	List income tax paid last	year:	Federal \$	State \$ _		
5.	List income tax refund re	ceived last year:	Federal \$	Federal \$ State \$		
7.	Other than monthly household expenses, list any bills you owe, amount owed, to whom, and monthly payment:					

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

Case Name:	
Case Number:	

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

- 20. If anyone owes you money, state name, address, amount due, and when due:
- 21. List any property you have transferred within the last three years, to whom and for what price:
- 22. List any other assets, income or expenses not previously mentioned:

I swear or affirm the foregoing information is true and correct to the best of my knowledge under penalties of law.

Date	Signature of applicant or person completing form			
State of	, County of			
This instrument was acknowledged before me on _	Date	by Person Signing above		
My Commission Expires Affix Seal, if any	Signature of N	lotarial Officer / Title		