

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

Court Name: _____
Case Name: _____
Case Number: _____
(if applicable)

PETITION TO EXPUNGE (REMOVE)
Pursuant to RSA 169-C:35

1. Petitioner Name _____
Date of Birth _____ Social Security Number _____
Residence Address _____
Mailing Address (if different) _____
Telephone Number (Home) _____ (Work) _____
2. Child's Name _____ Date of Birth _____
3. Date of Court Finding (if applicable) _____

4. The petitioner states as follows:
 - a. Pursuant to RSA 169-C:35, my name was listed as reported by the New Hampshire Department of Health and Human Services, Division for Children, Youth and Families ("the Department") as of _____ (date) on the State's Central Registry of founded reports of abuse and neglect. It has been:
 More than one (1) year since the date my name was entered on the State's Central Registry;

OR

 Three (3) or more years since the denial of my last Petition to have my name expunged (removed) from the State's Central Registry.
 - b. Consistent with RSA 169-C:35, IV(c), I understand that as a result of this Petition to Expunge, the Court will order the Department to:
 - (1) Submit my name, address, date of birth and social security number to the New Hampshire Department of Safety to conduct a search of their criminal records and for the results of this search to be submitted to the Court;
 - (2) Report to the Court concerning any additional founded abuse and/or neglect reports against me; and
 - (3) Provide any additional information that may aid the Court in making a determination on this Petition to Expunge.
 - c. Attached is a signed and notarized Criminal Records Release.
 - d. In addition to the above, I ask the Court to consider the following information in support of the Petition to Expunge:

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e. Upon the Court's receipt and review of the information provided by the Department, I request that the Court grant this Petition to Expunge and order the Department to remove my name from the State's Central Registry, OR, in the alternative, that the Court schedule a hearing on this Petition.

Date

Signature of Petitioner

Printed Name of Petitioner

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____

Affix Seal, if any

Signature of Notarial Officer / Title

ORDER

THE COURT MAKES THE FOLLOWING ORDERS:

- DCYF shall submit the petitioner's name, address, date of birth and social security number to the New Hampshire Department of Safety to conduct a search of their criminal records and for the results of this search to be submitted to the Court;
- DCYF shall report to the Court concerning any additional founded abuse and/or neglect reports against the petitioner; and
- DCYF shall provide any additional information that may aid the Court in making a determination on this Petition to Expunge.
- Other: _____

Recommended:

Date

Printed Name of Marital Master

Signature of Marital Master

So Ordered:

Date

Printed Name of Judge

Signature of Judge

C: Petitioner Court NH DCYF, Central Registry Other: _____