Clear Form

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

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

MOTION FOR: _____

The _____
states the following facts and requests the following relief:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date _____ Signature _____

Telephone _____ Address _____

I certify that on this date I mailed/delivered a copy of this document to:

_____ or _____
(other party) (other party's attorney)

Date _____ Signature _____

ORDER

☐ Motion granted. ☐ Motion denied.

Recommended:

Date _____ Printed Name of Marital Master _____ Signature of Marital Master _____

So Ordered:

Date _____ Printed Name of Judge _____ Signature of Judge _____