CASE NUMBER

To be assigned by Court

The State of New Hampshire

JUDICIAL BRANCH - SUPERIOR COURT

_____COUNTY

In the matter of _____

JOINT PETITION FOR DIVORCE

1. Wife's Name _____ Date of Birth_____
   Residence Address _____
   Town/City County State
2. Husband's Name _____ Date of Birth_____
   Residence Address _____
   Town/City County State
3. City and state where you were married _____
   Date of marriage _____
4. Wife has been a resident of New Hampshire since _____
   Husband has been a resident of New Hampshire since _____
5. Children born to or adopted by you and your spouse either before or during the marriage:

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

6. Please check one of the following regarding public assistance

   ☐ No public assistance (AFDC/TANF) is now being or has within the last 6 months been provided, nor is medical assistance (Medicaid) presently being provided, for any minor child listed in Paragraph 5.

   ☐ The N.H. Department of Health and Human Services is providing or has provided within the last 6 months public assistance (AFDC/TANF) and/or medical assistance (Medicaid) for any minor child. If this is checked, you must mail copies of this petition and the confidential data sheet to the Department at:

   OCS Legal Office
   6 Hazen Drive
   Concord, NH 03301

7. To our knowledge, wife is ☐ Is ☐ Is not pregnant:
8. Irreconcilable differences have caused the irremediable breakdown of the marriage.