

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

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

**PETITION FOR GRANDPARENT VISITATION**  
**Pursuant to RSA 461-A:13**

\*If the parent of the minor child(ren) is unwed, any grandparent filing a petition under this section shall attach proof (for example, a copy of the birth certificate) of legitimation by the parent pursuant to RSA 460:29 or establishment of paternity.

1. Petitioner(s) Name(s) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ E-mail address \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

2. Name of Mother \_\_\_\_\_  
Date of Birth \_\_\_\_\_ E-mail address \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

3. Name of Father \_\_\_\_\_  
Date of Birth \_\_\_\_\_ E-Mail address \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

4. If parents of children were married, list the date of marriage \_\_\_\_\_

5. Length of time child(ren) has been a resident of New Hampshire \_\_\_\_\_

6. List any minor children to be affected by this petition:

Name	Date of Birth	Name and address of person child is residing with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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7. Please check one of the following regarding public assistance.

- No public assistance (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 above.
- The N. H. Department of Health and Human Services is providing or has provided within the last 6 months public assistance (TANF) and/or medical assistance (Medicaid) for a minor child or children listed above. If you check this box, you must mail copies of this petition and the personal data sheet to DHHS at:

New Hampshire Department of Health and Human Services  
 Division of Child Support Services - Legal Unit  
 129 Pleasant Street  
 Concord, NH 03301

8. Are there any pending adoption, juvenile, domestic violence, domestic relations, paternity, legitimation, custody, parental rights and responsibilities, or other proceedings in any court in any state affecting any child(ren) named in this petition or parents of those children?  Yes  No

If yes, specify \_\_\_\_\_

9. What orders do you want the court to make, and what reasons to you have, under RSA 461-A:13, for the court to make these orders?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Petitioner(s) Signature

\_\_\_\_\_ Attorney for Petitioner(s) (if any)

\_\_\_\_\_ Printed Name, Address, E-mail, and Phone Number of Attorney (if any)

State of \_\_\_\_\_, County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

My Commission Expires \_\_\_\_\_  
Affix Seal, if any

\_\_\_\_\_ Signature of Notarial Officer / Title