

THE STATE OF NEW HAMPSHIRE

JUDICIAL BRANCH

<https://www.courts.nh.gov>

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

PETITION TO EXPUNGE (REMOVE)

Pursuant to RSA 169-C:35

1. Petitioner name _____ Date of birth _____

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: _____

All information shall be submitted to the court and petitioner within 60 days of the clerk's notice of decision.

Recommended:

Date _____

Signature of Referee/Hearing Officer _____

Printed name of Referee/Hearing Officer _____

So Ordered:

- I hereby certify that I have read the recommendation(s) and agree that, to the extent the referee/hearing officer has made factual findings, they have applied the correct legal standard to the facts determined by the referee/hearing officer.

Date _____

Signature of Judge _____

Printed name of Judge _____

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