

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

(if known)

## AFFIDAVIT OF NON-COMPLIANCE

Plaintiff

Defendant

## Current Address

I (We), \_\_\_\_\_,  
 plaintiff(s) in this matter, do hereby state that defendant(s) has (have) failed to comply with the:

- ☐ Agreement to Stay Writ of Possession dated \_\_\_\_\_, and request that the Court issue a Writ of Possession within 5 business days of the date that this Affidavit is filed with the court.
- ☐ Discretionary stay issued by the Court on \_\_\_\_\_, and request that the Court issue a Writ of Possession immediately.

Date of Last Payment: \_\_\_\_\_

Amount of Last Payment: \$ \_\_\_\_\_

Service of this Affidavit of Non-Compliance was made upon the defendant(s) by:

- ☐ In hand **OR**  
☐ At the defendant's last known address

The information contained in this pleading is true to the best of my knowledge and belief and is declared to be true under penalty of perjury. I understand that making a false statement in this pleading may subject me to criminal penalties.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Plaintiff

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
<https://www.courts.nh.gov>

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

**LANDLORD/TENANT RETURN OF SERVICE**

Date: \_\_\_\_\_

I make oath that on \_\_\_\_\_, I gave to the within named defendant a copy of the Affidavit of Non-Compliance.

- ☐ In hand **OR**
- ☐ At the defendant's last known address

Fee for Service: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

**(FILL IN BELOW ONLY IF SERVICE IS MADE OUTSIDE OF THE STATE OF NEW HAMPSHIRE.)**

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

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

My Commission Expires \_\_\_\_\_

Affix Seal, if any

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