

JUSTICE OF THE PEACE APPLICATION

State of New Hampshire

Department of State
State House – Room 204
107 North Main Street
Concord, N.H. 03301
603-271-3242

PRINT CLEARLY

Name _____
First Name Middle Initial Last Name

Residential Street Address: _____

City/Town State _____ Zip Code _____

Date of Birth: _____ Phone Number _____

Mailing address if different from above _____



Date: _____

I declare that I am of legal age, a citizen and have been a duly registered voter in the State of New Hampshire for at least 3 years immediately preceding the date of this appointment. I respectfully solicit of the Honorable Governor and Executive Council an appointment as Justice of the Peace for the State of New Hampshire.

*I have never been convicted of a crime that has not been annulled by a court, other than minor traffic violations, with the exception of: _____
_____*

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20 _____

Signature of Notary Public/Justice of the Peace (not applicant)

Seal/Stamp

After completing and signing, mail the ORIGINAL to Secretary of State's Office WITH THE CRIMINAL RELEASE AUTHORIZATION FORM and the \$75. fee.

This application must have the signatures of three individual endorsers, two of whom shall be New Hampshire Justices of the Peace in good standing and one registered voter in the state.

JUSTICE OF THE PEACE for New Hampshire

JUSTICE OF THE PEACE for New Hampshire

Signature of Endorser

Signature of Endorser

Print Name of Endorser

Print Name of Endorser

Street Address

Street Address

City/Town/State/zip code

City/Town/State/zip code

REGISTERED VOTER of New Hampshire

Signature of Endorser

Print Name of Endorser

Street Address

City/Town/State/zip code

Criminal Record Release Authorization Form AND Fee of \$75.00 must accompany this application.
Make check payable to: Treasurer, State of New Hampshire

Applications require 8-10 weeks to process

FOR OFFICE USE ONLY

Check No. _____

Amount: _____

The State of New Hampshire



Department of State

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I PLEASE TYPE OR PRINT CLEARLY

Name: Last (Maiden) First Middle

Residential Address: Street City State Zip Code

Date of Birth: Hair Color: Eye Color:

Driver License Number: State:

By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and unsworn falsification.

Signature Date:

SECTION II AUTHORIZATION TO RELEASE CRIMINAL CONVICTION RECORD INFORMATION

I hereby authorize the release of my criminal conviction record information to: New Hampshire Secretary of State 107 North Main Street, Room 204 Concord, NH 03301

Applicant's Signature:

Signed before me this day of, 20 seal

Notary Public/Justice of the Peace

(Commission expiration date)

Recipient's Signature: Deputy Secretary of State