

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
NH State Agencies remit to: Vendor Code 177885 – B001
Applications require 8-10 weeks to process

FOR OFFICE USE ONLY

Check No. _____

Amount: _____



The State of New Hampshire
Department of State

ACKNOWLEDGEMENT OF CRIMINAL RECORD CHECK

By completing this form, you acknowledge that because you have applied for appointment as a Justice of the Peace or Notary Public, the Secretary of State's Office, on behalf of the Executive Council, will check to see if you have a record of criminal convictions. If that record shows a conviction, that information may be disclosed to the Executive Council. The criminal history record information is obtained as authorized by RSA 106-B:14, I(c)(1).

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. I hereby acknowledge my criminal history record information (record of convictions) on file with the N.H. State Police will be checked by the Secretary of State's Office and any record found may be disclosed to the members of the Executive Council.

Signature _____ Date: _____

Signed before me this _____ day of _____, 20__ seal

Notary Public/Justice of the Peace (Commission expiration date)

If the Acknowledgement of Criminal Record Check is not completed, your application for Notary Public or Justice of the Peace WILL NOT BE PROCESSED.

Please note that the application process takes 8 to 10 weeks.

Return this application for Notary Public or Justice of the Peace to:

Secretary of State's Office
107 North Main Street, State House Room 204
Concord, N.H. 03301