

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

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

APPELLATE MEDIATION AGREEMENT FORM

Name of Party Filing Form: _____

Address: _____

Bar Number (if applicable): _____

Phone Number: _____ Fax Number: _____

List of other parties:

Names and address of parties counsel:

I hereby certify that I contacted each of the parties or counsel listed above and that each party or counsel agreed to mediation of this case before further processing of the appeal.

I hereby certify that on or before the date below, copies of this form were served on all parties to the case in accordance with Rule 26(2).

Date

Appealing Party or Counsel

Return form to: Office of the Clerk
New Hampshire Supreme Court
1 Charles Doe Drive
Concord, New Hampshire 03301