

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

Court Name: New Hampshire Supreme Court

Case Name: _____

Case Number: _____ Date Appeal Filed: _____
(if known)

APPELLATE MEDIATION PROGRAM
PARTY INFORMATION FORM

Each party in a case referred to mediation must complete this form and submit it to the ADR Program Coordinator by the date set forth in the Supreme Court order. A copy should also be sent to all other parties.

Name of Party Filing Form: _____

Filing Status of Party Filing Form (Check all that apply):

- Appellant Appellee Cross Appellant Cross Appellee
 Pro Se Other _____

If filing party is represented by counsel:

Name of Counsel: _____

Address: _____

Bar ID #: _____ Telephone: _____

E-mail: _____

If filing party is not represented by counsel:

Name of Person Filing Form: _____

Address: _____

Telephone: _____ E-mail: _____

Names and addresses of all other parties and counsel involved in this matter:

Name of Party: _____ Name of Counsel: _____

Address of Party: _____ Address of Counsel: _____

If this case or a related case has been appealed to the Supreme Court previously, please provide case name and Supreme Court case number.

Identify any factors that may affect the suitability of case for mediation, including, but not limited to the following factors:

- Presents an issue of interpretation of state or federal constitution
 Presents an issue of first impression
 Presents an issue of validity of state statute, ordinance or agency regulation
 Inconsistent with decisions of other trial courts

Case Name: _____

Case Number: _____

APPELLATE MEDIATION PROGRAM – PARTY INFORMATION FORM

History of settlement negotiations, if any (Including a listing of previous demands and offers):

Description of monetary, physical injury, or any other damages upon which the claim is based:

Out-of-pocket expenses upon which the claim is based:

I hereby certify that, on or before the date below, copies of this form were served on all parties to the case.

Date

Party or Counsel

**Send completed form to:
Appellate Mediation Program
45 Chenell Drive Suite 2
Concord, New Hampshire 03301**