

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'S CONFIDENTIAL MEDIATION STATEMENT

Each party in a case referred to mediation must complete this form and submit it to the ADR Program Coordinator. **This form is confidential. Copies should not be provided to the other parties to the case.** Because the information will be reviewed only by the mediator and the ADR Program Coordinator in attempting to resolve the case, parties are encouraged to be candid in their responses.

Parties may attach copies of the relevant decisions, memoranda, or other pleadings that will assist the mediator in understanding the case and the party's position. The appellant is required to attach copies of the trial court's decision(s) being appealed.

Supreme Court Case Number: _____

Date Appeal Filed: _____

Name of Case: _____

Name of Party Filing Form: _____

Name of Person Filing Form: _____

Address: _____

Bar ID # (if an attorney): _____ Telephone: _____ Fax: _____

Please describe why past efforts to resolve this case have been unsuccessful.

Please list the important factors affecting your chances for success on appeal.

Please list your most important priorities/interests in resolving this case in order of importance.

Case Name: _____

Case Number: _____

APPELLATE MEDIATION PROGRAM – PARTY CONFIDENTIAL MEDIATION STATEMENT

Please describe possible and acceptable outcomes for this mediation session

Other than winning the appeal, what would be the ideal resolution of this case?

Lowest acceptable monetary settlement value: \$ _____

Highest acceptable monetary settlement value: \$ _____

Party

Date

Party or Counsel

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