

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

Court Name: NH Supreme Court

Case Name: _____

Case Number: _____
(if known)

APPELLATE MEDIATOR BILLING STATEMENT

Name of Mediator: _____

SS# or Federal Tax ID # of Payee: _____

Date of Mediation Session: _____

Appellate Mediation Report (**NHJB-2629-SUP**) filed with the Supreme Court? Yes No

Evaluations provided to the parties and counsel at the conclusion of mediation? Yes No

Invoice amount: \$400.00 per case

Date

Signature of Mediator

Mediator Name (please print)

Approved

Date

ADR Program Coordinator

To ensure prompt payment please send this form to:

Trial Court Center
Appellate Mediation Program
45 Chenell Drive, Suite 2
Concord, New Hampshire 03301