

Instructions for completing
Statement For Payment
(NHJB-2154-P)

Form use Appointed attorneys, guardians ad litem and other service providers to summarize services provided and to be approved by the court for payment, use this form.

Before completing this form, PLEASE READ the Important Requirements section on Page 2 of form.

Top part of form

- COURT NAME:** Enter the name of the county probate court where the document will be filed. (example: Belknap County Probate Court; Rockingham County Probate Court).
- CASE NAME:** Enter the name of the case. (example: Estate of John Q. Adams or Guardianship of Susan Jones).
- CASE NUMBER:** Leave blank if not yet assigned by court OR fill in case number if it is known. If there are two cases involved, the primary or lead case number should be entered on the form.

Check off the appropriate box to indicate your role in this case as **Attorney, Guardian Ad Litem, or Other Service Provider.**

If you are an ATTY or GAL, check off the appropriate box to indicate the type of client you are representing, either **Respondent, Father, Mother, Child or Proposed Ward.**

Numbered part of form.

1. **Name of payee** is the name of the person or provider that should receive the payment. Enter the name of the person or provider and the complete mailing **address with zip code.** Enter the vendor number for the person receiving the payment. If the number is unknown, the AOC Accounting Department will enter the number when the statement is processed.
2. Complete this section **ONLY** if the name entered in section #1 is different from the provider.
3. For the Attorney or GAL on this case, enter the **date of the court appointment** and attach a copy of the order to this form.
4. For Other Service Provider, enter the **date the court authorized the services.** On the appropriate lines provided, enter the **type of authorized services** and the dollar **amount authorized** for these services. If applicable, attach a copy of the order to this form.
5. Check off one of the boxes to indicate the **billing type** as Final, Interim or Supplemental.
6. Enter the beginning and ending dates for this **billing period.**
7. The **Billing Amount** is calculated by completing **service fees** and **expenses** for this bill. On the appropriate lines provided, enter the total hours and cost for each provider listed. Enter the total dollar amount for all service fees and expenses. Enter the total amount of this bill on the line provided. You must attach a detailed statement of service fees and all expenses indicating charges, dates, rates, amounts of time, etc.
8. If applicable, enter the total amount of previous bills in this case. Attach a copy of the order, if any, granting motion to exceed fee cap.

Signature section

You will sign the form on the **Provider Signature** line, and date it in the appropriate space to the left.

The following section will be completed by the judge once the document is filed with the court and reviewed in detail by the judge.

Review the completed form for accuracy prior to filing it with the court. If completing this form on-line, some fields may be filled in automatically based on entries in other fields. If more space is needed for any question, please attach additional sheets of paper.