

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

Court Name: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_

**STATEMENT FOR SERVICES OTHER THAN COUNSEL**

NAME AND ADDRESS OF PAYEE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Federal I.D. Number of Payee  
\_\_\_\_\_

On \_\_\_\_\_, the Court authorized the provision of services other than  
Date  
counsel in the above captioned matter. The authorized service has been provided and I request  
compensation in the following amount of \$ \_\_\_\_\_

**TYPE OF BILLING**

SERVICE  Non-Counsel

<u>Date</u>	<u>Activity</u>	<u>Total Hours</u>	
_____	_____	_____	Subtotal \$ _____

**EXPENSES**

<u>Date</u>	<u>Description of Expense</u>	<u>Amount</u>	
_____	_____	_____	Subtotal \$ _____

**TOTAL \$ \_\_\_\_\_**

The foregoing is a true and accurate bill for services rendered. I certify that I have not and will not receive any other compensation for the services specified above.

\_\_\_\_\_  
(Month, Day, Year)

\_\_\_\_\_  
Signature of Service Provider

I, \_\_\_\_\_, authorize payment of \$ \_\_\_\_\_ for services  
Signature of Judge  
rendered in the above entitled matter. \_\_\_\_\_  
Date

**NOTE: Statements must be submitted to the court within 30 days of providing the authorized service.**

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**MOTION FOR SERVICES OTHER THAN COUNSEL**

**INSTRUCTIONS**

**STATEMENT**

A separate statement must be submitted for each case in which services are provided. The statement form must be completed in full. Additional sheets may be attached to further describe services provided. Incomplete forms will be returned.

**TIME FOR SUBMITTAL**

The Statement for Services Other Than Counsel form must be submitted to the court in which the case was heard within 30 days of the provision of the service.

**SERVICE**

The service provided must be described in sufficient detail to establish the basis for the charge.

**EXPENSES**

Expenses for mileage at the prevailing federal rate and telephone costs will be paid. All other expenses must be documented by attaching receipts to the statement. Overhead expenses for office costs will not be paid.

**MAXIMUM AUTHORIZATION**

The compensation to be paid to any person or association for services shall not exceed \$300 unless the Court determines, prior to the provision of such services, that the nature or quantity of such services reasonably merits greater compensation. The limit of compensation shall not include or apply to reimbursement for expenses reasonably incurred.