

**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:  
New Hampshire Judicial Branch Administrative Offices  
Attention: Appellate Mediation Program  
1 Granite Place, Suite N400  
Concord NH 03301**