

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

Please complete this form by the date ordered by the Supreme Court. Please send a copy by that date to all other parties and the Judicial Branch Alternative Dispute Resolution Office at:

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

Note: Please answer all questions candidly. This form only goes to the other parties and the mediator and will not be part of your case's Court record.

Filing Status of Party Filing Form (Check all that apply):

Appellant Appellee Cross Appellant Cross Appellee
 Self-Represented Other _____

Name of Person Filing Form: _____

Address: _____

Bar ID # (if applicable): _____ 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.

Case Name: _____

Case Number: _____

APPELLATE MEDIATION PROGRAM – PARTY INFORMATION FORM

What incident(s) is the claim based on?

What have your expenses been so far in the case?

What have negotiations looked like so far?

Are there reasons why this case would not be suitable for synchronous mediation in the same room?

What else would be helpful for the mediator and the other party/ies to know prior to mediation?

I hereby certify that, on or before the date below, copies of this form were served on all parties to the case.

Date

Signature of Party or Counsel