

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

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