

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 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

Total: \$400.00

Date

Signature of Mediator

Mediator Name (please print)

Approved for Payment

Date

ADR Office of Mediation & Arbitration

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