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

NHJB Central Processing Center
1 Granite Place, Suite N400
Concord, NH 03301

Telephone: (855) 212-1234
TTY/TDD Relay: (800) 735-2964
http://www.courts.state.nh.us

PROBATE ESTATE ADMINISTRATION
RECORDS RESEARCH AND PAYMENT FORM

Court Name: _____

Name of Person/Company Requesting Research: _____

Address: _____

        Address   City/Town   State   Zip

Email results ☐ Yes ☐ No (If no, include self-addressed stamped envelope): _____

                                                                       Email Address

Phone Number: _____ Date and Time of Request: _____ _____ ☐ am ☐ pm

                                               (Date)   (Time)

	Name	**Date of Death**	**SEARCH TYPE**		**RESULT** (court use only)	
			Electronic 1992 & forward	Manual *Prior* to 1992	No Record	See Attached
1.			☐	☐	☐	☐
2.			☐	☐	☐	☐
3.			☐	☐	☐	☐
4.			☐	☐	☐	☐
5.			☐	☐	☐	☐
6.			☐	☐	☐	☐
7.			☐	☐	☐	☐
8.			☐	☐	☐	☐
9.			☐	☐	☐	☐
10.			☐	☐	☐	☐
11.			☐	☐	☐	☐
12.			☐	☐	☐	☐
13.			☐	☐	☐	☐
14.			☐	☐	☐	☐
15.			☐	☐	☐	☐
16.			☐	☐	☐	☐
17.			☐	☐	☐	☐
18.			☐	☐	☐	☐
19.			☐	☐	☐	☐
20.			☐	☐	☐	☐
21.			☐	☐	☐	☐
22.			☐	☐	☐	☐
23.			☐	☐	☐	☐
24.			☐	☐	☐	☐
25.			☐	☐	☐	☐

Name of Person/Company Requesting Research: _____

Phone Number: _____ **Date and Time of Request:** _____ **(Date)** _____ **(Time)**

PROBATE ESTATE ADMINISTRATION RECORDS RESEARCH AND PAYMENT FORM

Electronic Searches: **5 names or less ($20.00 per name).**
Additional names, add $5.00 per name.
(*Example: 3 names = $60.00; 5 names = $100; 25 names = $200.00*)

Number of Requests Made: _____ ***Total Amount Due: $ _____

Manual Searches:
Any record search that includes cases *prior* to 1992:
5 names or less ($20.00 per name).
Additional names, add $5.00 per name.

NOTE: If the time spent on a manual search exceeds one hour, any additional time spent on the search will be billed $25.00/hour in addition to the initial fee of $20.00 per name. You will be billed separately for any time spent on manual searches beyond one hour.

Please mail this completed form with payment to:
New Hampshire Judicial Branch Administrative Offices
Attention: Central Processing Center
1 Granite Place, Suite N400
Concord, New Hampshire 03301

PAYMENT METHOD:

☐ Check for ***Total Amount Due is enclosed *(checks made payable to NHJB Central Processing Center)*

OR

☐ Charge ***Total Amount Due to the following:

    ☐ VISA ☐ MasterCard ☐ Discover

    CARD NUMBER: _____ - _____ - _____ - _____

    Expiration Date: _____/_____

Name: _____
    Please print as shown on credit card

_____   _____
Date   Signature