

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

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

MEDIATOR STATEMENT FOR PAYMENT

1. Name of payee _____

Mediator name (if different from payee) _____

Address of payee _____

Vendor number _____

2. I filed a Mediation Report for the session held on _____,
and seek payment as follows:

Type of Case: _____

I represent that the foregoing is a true and reasonable bill for the services I rendered. I certify that I have not and will not receive any other compensation for the services specified.

Date

/s/ _____
Signature of Mediator

Bill for services must be submitted to the court within 7 days of mediating the case. A separate form is required for each case mediated.