

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
<https://www.courts.nh.gov>

Court Name: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
(if known)

**STATEMENT FOR PAYMENT**  
**Circuit Court Complex Case Docket**

Name of ADR Professional: \_\_\_\_\_

Vendor # : \_\_\_\_\_

Type of ADR Session(s) (mediation, neutral evaluation, etc.): \_\_\_\_\_

Date of Initial Session: \_\_\_\_\_ Length: \_\_\_\_\_

Subsequent Sessions:

Date: \_\_\_\_\_ Length: \_\_\_\_\_

Date: \_\_\_\_\_ Length: \_\_\_\_\_

Total Administrative Time (review, preparation, paperwork, etc.) \_\_\_\_\_

ADR Report for each session above filed with the Court?  Yes  No

Total number of hours spent on case: \_\_\_\_\_

Total payment requested (\$500.00 for up to 5 hours of services plus \$100.00 per hour above 5 hours):

= \$ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ADR Professional

\_\_\_\_\_  
Printed Name of ADR Professional

**FOR COURT USE ONLY**

Total Authorized for Payment: \$ \_\_\_\_\_

Approval initials \_\_\_\_\_