

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

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: _____

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 7 hours of services plus \$60.00 per hour above 7 hours)
= \$ _____

Date

Signature of ADR Professional

Printed Name of ADR Professional

FOR COURT USE ONLY

Total Authorized for Payment: \$ _____

Approval initials _____