

**THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH**

<http://www.courts.state.nh.us>

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

**MEDIATION GRANT DATA COLLECTION FORM**

Thank you for participating in mediation. One or both parties qualified to have their mediation fee paid for by a grant the Court receives from the Department of Health and Human Services (DHHS). DHHS asks that we collect data to help them improve services. All questions are optional and are not used to identify you; the data will be reported to DHHS in a group with others who qualified for the grant.

**I am the**

Petitioner       Father       Mother  
Respondent       Father       Mother

**What was the status of your relationship with the other party at the time of this mediation?**

Never Married To Each Other       Separated From Each Other  
 Divorced From Each Other       Married to Each Other

**How many children do you have in common?** \_\_\_\_\_

**For how many of those children do you have:**

any parenting time? \_\_\_\_\_

equal parenting time? \_\_\_\_\_

**Did your parenting time increase through this mediation?**       Yes       No

**I identify as (check all that apply)**

American Indian or Alaska Native        
Asian        
Black or African American        
Hispanic or Latino        
Native Hawaiian or Other Pacific Islander        
White        
Other        
Two or More Races     

**My gross income is**

Less than \$10,000        
\$10,000 - \$19,999        
\$20,000 - \$29,999        
\$30,000 - \$39,999        
\$40,000 and above     

**FOR MEDIATOR ONLY**

Did you provide any parent with information about additional resources?       Yes       No  
Was a parenting plan (temporary or permanent) created during this session?       Yes       No  
Was child support an issue during this session?       Yes       No