

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

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

**MEDIATION PAYMENT WORKSHEET**

This worksheet will show the Court if you qualify to have your mediation fee paid by a Grant or special Fund. If you qualify, you do not need to pay the mediator, but you may be asked to repay the money over time. If you do not qualify for either, you will owe the mediator your portion of the mediation fee at or before the first mediation session. Your fee will be listed in the Notice of Appointment for Mediation you will receive. You have a right to a fair hearing about your eligibility.

1. My estimated monthly gross income is \$ \_\_\_\_\_
2. \_\_\_\_\_ (# of) people, including me, reside in my household for whom I am legally responsible.
3. I currently receive, or am eligible to receive, the following:

- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Free or reduced lunch or breakfast
- Supplemental Nutrition Assistance Program (SNAP) or Food Stamp Program (FSP)
- Women Infant and Child (WIC)
- Commodity Supplemental Food Program (CSFP)
- NH Employment Program (NHEP) and Family Assistance Program (FAP)
- Families With Older Children (FWOC) and Interim Disabled Parents (IDP)
- NH Child Care Scholarship
- Head Start
- Fuel Assistance Program
- Medicaid
- Children's Medicaid (CM) and Expanded Children's Medicaid
- In and Out Medical Assistance
- Medicare Savings Program (MSP)
- New Hampshire Health Protection Program (NHHPP)
- Aid to the Permanently and Totally Disabled (APTD)
- Aid to the Needy Blind (ANB)

**I represent that the information above is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone (home)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone (cell)