

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

NHJB Central Processing Center
1 Granite Place, Suite N400
Concord, NH 03301

Telephone: (855) 212-1234
TTY/TDD Relay: (800) 735-2964
<https://www.courts.nh.gov>

**PROBATE ESTATE ADMINISTRATION
RECORDS RESEARCH AND PAYMENT FORM**

Court Name: _____

Name of Person/Company Requesting Research: _____

Address: _____
Address
City/Town
State
Zip

Email results Yes No (If no, include self-addressed stamped envelope): _____
Email Address

Phone Number: _____ Date and Time of Request: _____ am pm
(Date) (Time)

	Name	Date of Death	SEARCH TYPE		RESULT (court use only)	
			Electronic 1992 & forward	Manual Prior to 1992	No Record	See Attached
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person/Company Requesting Research: _____

Phone Number: _____ Date and Time of Request: _____ (Date) _____ (Time)

PROBATE ESTATE ADMINISTRATION RECORDS RESEARCH AND PAYMENT FORM

Electronic Searches: 5 names or less (\$20.00 per name per court).

Additional names, add \$5.00 per name per court.

(Example: 3 names = \$60.00; 5 names = \$100; 25 names = \$200.00)

Number of Requests Made: _____

***Total Amount Due: \$ _____

Manual Searches:

Any record search that includes cases *prior* to 1992:

5 names or less (\$20.00 per name).

Additional names, add \$5.00 per name.

NOTE: If the time spent on a manual search exceeds one hour, any additional time spent on the search will be billed \$25.00/hour in addition to the initial fee of \$20.00 per name. You will be billed separately for any time spent on manual searches beyond one hour.

Please mail this completed form with payment to:

New Hampshire Judicial Branch Administrative Offices

Attention: Central Processing Center

1 Granite Place, Suite N400

Concord, New Hampshire 03301

PAYMENT METHOD:

Check for ***Total Amount Due is enclosed (*checks made payable to NHJB Central Processing Center*)

OR

Charge ***Total Amount Due to the following:

VISA MasterCard Discover

CARD NUMBER: _____ - _____ - _____ - _____

Expiration Date: ____/____

Name: _____

Please print as shown on credit card

Date

Signature