

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

Court Name: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_

**MEDIATOR STATEMENT- DIVORCE AND PARENTING<sup>1</sup>**

\_\_\_\_\_  
Name of Payee

\_\_\_\_\_  
Name of Mediator if different from Payee

\_\_\_\_\_  
Address of Payee

\_\_\_\_\_  
 Social Security or  Federal I.D. Number of Payee

**TYPE OF BILLING:**

- \$300 Flat Fee for Mediation (5 hours – Both parties Fund)
- \$\_\_\_\_\_ Mediation fee for (name of party)  
\_\_\_\_\_ reduced fee due to circumstances
- \$\_\_\_\_\_ Mediation fee for (name of party)  
\_\_\_\_\_ reduced fee due to circumstances

- \$\_\_\_\_\_ Flat Fee for mediation (5 hours – One party fund)
- \$150 Flat Fee for Mediation (5 hours – One party fund)
- \$\_\_\_\_\_ Sliding Scale fee, if any [2] ( \_\_\_\_\_ hours of mediation services at \$\_\_\_\_\_ per hour).
- \$120 Failure to Appear Fee

- Divorce/Parenting Mediation payable through the Mediation fund (maximum compensation is \$300)

**NOTE: Mediators must attach a copy of the order appointing them as mediator.**

I represent that the foregoing is a true and reasonable bill for services rendered.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mediator

I hereby certify that I have examined the above statement and find the charge of \$ \_\_\_\_\_ to be reasonable.

**Recommended:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Marital Master

\_\_\_\_\_  
Printed Name of Marital Master

**So Ordered:**

I hereby certify that I have read the recommendations and agree that, to the extent the master/judicial referee/hearing officer has made factual findings, she/he has applied the correct legal standard to the facts determined by the marital master/hearing officer/judicial referee.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Judge

\_\_\_\_\_  
Printed Name of Judge

<sup>1</sup> This form should be used when one or both parties have been approved to have the mediation fees paid through the Judicial Council Fund.  
2. Any amount billed after the initial fixed fee amount of \$300.00 for 5 hours may only be billed after agreement by the parties and after a motion requesting the additional payment, consistent with the sliding scale, is granted by the Court.