

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

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

STATEMENT FOR PAYMENT

Attorney (ATTY) Guardian *Ad Litem* (GAL) Other Service Provider
ATTY or GAL for: Respondent Father Mother Child Proposed Ward

1. Name of payee _____
Address of payee _____
Vendor number _____ (If unknown, leave blank and AOC Accounting will complete.)

2. Name of Attorney, GAL or service provider if different from payee _____

3. If Attorney or GAL on this case, date of appointment by court _____
(Attach copy of the order of appointment)

4. If Other Service Provider, date services authorized by the court _____
Type of services authorized _____ Amount authorized \$ _____
(Attach copy of the order authorizing service, if applicable)

5. Type of billing: Final Interim Supplemental

6. Billing Period: This statement is for the period beginning _____
and ending _____

7. Billing Amount: (Attach itemization of all charges, including date, amount of time, rate.)

SERVICE FEES

<u>Provider</u>	<u>Total time</u>	<u>Rate</u>	<u>Cost</u>	<u>TOTAL</u>
Paralegal	_____ hours	\$35/hour	\$ _____	
Attorney	_____ hours	\$60/hour	\$ _____	
GAL	_____ hours	\$60/hour	\$ _____	
Other Provider	_____ hours	\$ ____/hour	\$ _____	
TOTAL SERVICE FEES				\$ _____

EXPENSES

(Attach itemization of all expenses.) **TOTAL EXPENSES** \$ _____
TOTAL OF THIS BILL \$ _____

8. Total of previous bills in this case: \$ _____
(Attach copy of order or notice of decision, if any, granting motion to exceed fee cap.)

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STATEMENT FOR PAYMENT

I represent that the foregoing is a true and reasonable bill for the services I rendered and for the costs incurred. I certify that I have not and will not receive any other compensation for the services or costs specified on the attached itemization.

Date

Provider Signature

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

Date

Presiding Judge Signature

**IMPORTANT REQUIREMENTS
for filing statement with court**

Attorney or Guardian *ad Litem* Statements must be submitted to the court within 60 days of the disposition of the case, or within 60 days of being discharged, unless the presiding judge allows an extension of time for filing the statement due to extenuating circumstances.

Other Service Provider Statements must be submitted to the court within 30 days of providing the authorized service.

The following should be attached to this statement:

1. A copy of the order of appointment or order authorizing services, if applicable.
2. Itemization of all charges, including the date, amount of time and rate.
3. Itemization of all expenses, including a description of each expense and the cost of each expense.
4. A copy of the order or notice of decision, if any, granting a motion to exceed the fee cap related to the case.

FOR COURT USE ONLY:

CASE TYPE: _____

COURT CODE: _____