

State of New Hampshire



JOHN J. BARTHELMES
COMMISSIONER OF SAFETY

EARL M. SWEENEY
ASSISTANT COMMISSIONER

DEPARTMENT OF SAFETY

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305

Tel: (603) 271-2559

Speech/Hearing Impaired

TDD Access Relay NH 1-800-735-2964

DWI BENCH WARRANT FUND DISBURSEMENT

BENCH WARRANT DOCKET # _____

APPLICANT

Name of Law Enforcement Agency: _____

Address of Law Enforcement Agency: _____

Name of Law Enforcement Official who served bench warrant: _____

Date bench warrant actually served: _____

Date(s) attempted service: _____

OFFENDER

Offender's Name: _____ D.O.B.: _____

Offender's Address: _____

Street Address

Town/City

State

Zip Code

Total hours spent attempting to serve bench warrant: _____

Total hours spent actually service bench warrant: _____

Total miles traveled in attempting to serve bench warrant: _____

Total miles traveled in actually serving the bench warrant: _____

Signature of Police Chief (or designee) _____

SAF-C 3703.01 Time of Disbursement. An applicant shall submit a form only after a bench warrant has been actually served and the offender arrested pursuant to RSA 263:56-d.

SAF-C 3703.02 Maximum Disbursement Amount. An applicant shall be reimbursed \$20 per hour, excluding mileage, up to a maximum of \$100 per bench warrant served.

SAF-C 3703.03 Disbursement by the Division.

(a) Once the Division has received a completed form, it shall disburse a refund to the applicant.

(b) The refund shall be in the form of a check issued directly to the applicant.

Applicant shall retain one copy, submit a copy to the law enforcement official who served the bench warrant and hand deliver or mail the original to: **Department of Safety, Business Office, 33 Hazen Drive, Concord, NH 03305**