



State of New Hampshire

Department of Safety

33 Hazen Drive, Concord, NH 03305

TEL: (603) 223-8000

Speech/Hearing Impaired – TDD Access Relay NH (7-1-1)

ROBERT L. QUINN
COMMISSIONER OF SAFETY

EDDIE EDWARDS
ASSISTANT COMMISSIONER

STEVEN R. LAVOIE
ASSISTANT COMMISSIONER

DWI BENCH WARRANT FUND DISBURSMENT

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: _____

Offender's Address: _____
Street Address Town/City State ZIP

Offender's DOB: _____

Time started & time concluded for each attempt to serve bench warrant: _____

Time started for actually serving bench warrant: _____

Time concluded for actually serving bench warrant: _____

Total miles traveled in attempting to serve bench warrant: _____

Total miles traveled in actually serving 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
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