

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

Court Name: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
(if known)

**STATEMENT OF COUNSEL FEES**

**TYPE OF BILLING:**

Final       Interim       Supplemental

**BILLING PERIOD (chronological dates)**

Statement for period beginning \_\_\_\_\_ and ending \_\_\_\_\_

**BILLING AMOUNT \***

(A) Counsel Fees for major crime cases:	_____	X \$125/hr = \$	_____
Counsel fees for all other cases:	_____	X \$90/hr = \$	_____
Paralegal Fees:	_____	X \$40/hr = \$	_____
Total Fees		\$	_____
(B) Expenses			
Travel hours (major crime cases)	_____	X \$125/hr = \$	_____
Travel hours (all other cases)	_____	X \$90/hr = \$	_____
Other Expenses		\$	_____
Total Expenses		\$	_____
(C) INVOICE TOTAL		\$	_____

Section (A) amount submitted on prior invoices \$ \_\_\_\_\_

\*Major Crime Cases: Capital Murder / Homicide / First Degree Assault / AFSA / FSA/ Class A Felony Robbery/Felony Arson

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

\_\_\_\_\_  
Signature of Attorney for Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Law Firm

\_\_\_\_\_  
Bar ID # of attorney

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**STATEMENT OF COUNSEL FEES**

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FOR COURT USE

Request is  Approved  Denied

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

**MAXIMUM COMPENSATION**

Maximum fee aggravated felony sexual assault, felonious sexual assault: \$12,500.

Maximum fee for all other felonies: \$5,500.

Maximum fee for misdemeanors: \$2,000

Maximum fee (per co-counsel) for homicides under RSA 630:1-2: \$20,000.