THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

http://www.courts.state.nh.us

Court Name:	
Case Name:	
Case Number:	
APPEARANCE	or WITHDRAWAL
Complete this form for either	r an appearance or a withdrawal.
APPEARANCE: Type of appearance: Appearance	☐ Limited Appearance
Select One: I will represent myself (self-represented) Creditor Beneficiary Heir	
As Counsel for	
If limited appearance, scope of representation:	
WITHDRAWAL: Please withdraw my appearance in my capacity a Creditor Beneficiary Heir Inte	as: ervenor
Counsel for:	
MOTION FOR WITHDRAWAL (Attorneys Only): As Counsel for	
☐ Notice of withdrawal was sent to my client(s)	on: at the following address:
I am withdrawing my limited appearance as I representation.	have completed the terms of the limited
☐ The terms of limited representation have not	been completed.
Circuit Court. I am electronically sending this system to all attorneys and to all other parties	of this document as required by the rules of the s document through the court's electronic filing s who have entered electronic service contacts or hand-delivering copies to all other interested
<u> </u>	/s/
Name	Signature Date
Law Firm Bar ID # of attorney	Telephone
Address	E-mail
City State Zip code	

Case Name:	
Case Number:	
APPEARANCE OR WITHDRAWAL	
FOR COURT USE	
ORDER	
Motion for withdrawal granted.	
Motion for withdrawal denied.	
Recommended:	
Ordered by the Court:	