

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

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

ACCEPTANCE OF SERVICE

Acceptance of Service: (Select One)
Counsel for the following defendant(s):

Table with 3 columns: Name, Address, Telephone Number. Multiple rows for listing defendants.

I will be representing myself (self-represented party), and waive(s) all formalities of service, accept(s) service of the Summons issued by the Court in this case and enter(s) the following appearance:

Type of Appearance: (Select One)
Appearance Limited Appearance (counsel only)

If limited appearance, describe scope of representation:

Multiple horizontal lines for describing the scope of representation.

Copies to other parties:

I state that on this date I am sending a copy of this document as required by the rules of the Circuit Court. I am electronically sending this document through the court's electronic filing system to all attorneys and to all other parties who have entered electronic service contacts (email addresses) in this case. I am mailing or hand-delivering copies to all other interested parties.

Name of Filer /s/ Signature of Filer Date

Law Firm, if applicable Bar ID # of attorney Telephone

Address E-mail

City State Zip code