

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

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 *

Counsel Fees for major crime cases: Total _____ hours x \$100/hr = \$ _____
(Capital Murder / Homicide / First Degree Assault / AFSA and FSA)

Counsel Fees for all other cases: Total _____ hours x \$60/hr = \$ _____

Paralegal Fees: Total _____ hours x \$35/hr = \$ _____

Add Expenses = \$ _____

Total of this Bill = \$ _____

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

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.