

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

Court Name: \_\_\_\_\_

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

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

**APPEARANCE/WITHDRAWAL**

**APPEARANCE**

Type of appearance (Select One)

☐ Appearance ☐ Limited Appearance (*Civil cases only*)

If limited appearance, scope of representation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Select One:

☐ As Counsel for:  
**Tammy St. Cyr** **434 Blakslee Road Dalton, NH 03598** **(603) 223-2800**

\_\_\_\_\_  
(Name) (Address) (Telephone Number)

\_\_\_\_\_  
(Name) (Address) (Telephone Number)

\_\_\_\_\_  
(Name) (Address) (Telephone Number)

☐ I will represent myself (*self-represented*)

**WITHDRAWAL**

As Counsel for \_\_\_\_\_

Type of Representation: (Select one)

☐ Appearance:  
☐ Notice of withdrawal was sent to my client(s) on: \_\_\_\_\_ at the following address:

\_\_\_\_\_  
☐ A motion to withdraw is being filed.

☐ Limited Appearance: (Select one)

☐ I am withdrawing my limited appearance as I have completed the terms of the limited representation.

☐ The terms of limited representation have not been completed. A motion to withdraw is being filed.

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

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

**APPEARANCE/WITHDRAWAL**

***For non e-filed cases:***

I state that on this date I am ☐ mailing by U.S. mail, or ☐ Email (only when there is a prior agreement of the parties to use this method), or ☐ hand delivering a copy of this document to:

\_\_\_\_\_  
Other party

\_\_\_\_\_  
Other party's attorney

**OR**

***For e-filed cases:***

☐ I state that on this date I am sending a copy of this document as required by the rules of the 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

\_\_\_\_\_  
Signature of Filer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Law Firm, if applicable

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code