

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
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Court Name: Hillsborough Superior Court Northern District  
Case Name: State v. Adam Montgomery  
Case Number: 216-2022-CR-00020  
(if known)

**APPEARANCE/WITHDRAWAL**

**APPEARANCE**

Type of appearance (Select One)

Appearance  Limited Appearance (*Civil cases only*)

If limited appearance, scope of representation:

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Select One:

As Counsel for:

<u>State of New Hampshire</u>	<u>33 Capitol Street</u>	<u>(603) 271-3671</u>
(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.

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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.

**R. Christopher Knowles**

Name of Filer

**NH DOJ**

Law Firm, if applicable

**33 Capitol Street**

Address

**Concord**

City

**276524**

Bar ID # of attorney

**NH**

State

**03301**

Zip code

**/s/ R. Christopher Knowles**

Signature of Filer

**(603) 271-3671**

Telephone

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E-mail

**02/08/2023**

Date