

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<https://www.courts.nh.gov>

Court Name: _____
Case Name: _____
Case Number: _____

STATE'S APPLICATION FOR SENTENCE REVIEW

This application must be filed within 30 days after the date of sentence, but not thereafter except for good cause shown.

I hereby apply for a review of the sentence imposed on (defendant's name)

_____, on (date) _____

NOTICE: The Sentence Review Board may make any disposition of this case that could have been made at the time of the imposition of the appealed sentence.

In addition, the Sentence Review Board has jurisdiction to review any other sentence imposed when the sentence appealed from was imposed, notwithstanding the partial execution of any such sentence.

It is the responsibility of the party requesting sentence review to contact the transcript provider to make arrangements for preparation of the sentencing transcript(s) and for payment of the cost of the transcript(s). If you do not request preparation of the transcript of sentencing within 30 days from the date of the letter instructing you to do so, you run the risk of having the Application for Sentence Review dismissed, with prejudice, by the Sentence Review Board.

This form may be filed with the clerk of the sentencing court, filed electronically, or mailed to:
Sentence Review Division
1 Granite Place, Suite N400
Concord, NH 03301

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		<i>Isl Bethany Durand</i> Signature of Filer	10/31/2025 Date
_____ Law Firm, if applicable	_____ Bar ID # of attorney	_____ Telephone	
_____ Address		_____ E-mail	
_____ City	_____ State	_____ Zip code	