

APPEARANCE

Rev. 4/26

DOCKET NO.

COURT DATE

NAME OF CASE (FIRST-NAMED PLAINTIFF/PETITIONER vs. FIRST-NAMED DEFENDANT/RESPONDENT)

MOHEGAN TRIBAL COURTADDRESS OF COURT (*No., street, town and zip code*)**13 Crow Hill Road, Uncasville, CT 06382****PLEASE ENTER THE APPEARANCE OF:**NAME OF INDIVIDUAL OR SPOKESPERSON. (*See "Notice to Spokespersons" at bottom*)MAILING ADDRESS (*No., street, P.O. Box*)

PHONE NO.

CITY/TOWN

STATE

ZIP CODE

FAX NO.

EMAIL ADDRESS:

in the above-entitled case for: (**"X" appropriate box**) The Plaintiff/Petitioner. All Plaintiffs. The following Plaintiff(s): _____ The Defendant/Respondent. All Defendants. The following Defendant(s): _____SIGNED (*Individual or Spokesperson*)

PRINT OR TYPE NAME OF PERSON SIGNING AT LEFT

DATE SIGNED

Note: If another Spokesperson has already appeared for the party indicated above, state whether this appearance is:

 In lieu of appearance of Spokesperson _____ already on file In addition to appearance already on file**CERTIFICATION for "in lieu of" appearance:**

I hereby certify that a copy of the above was mailed/delivered to the Spokesperson or Pro Se Party whose appearance is to be replaced:

SIGNED (*Spokesperson or Pro Se Party*)

DATE COPY(IES) MAILED/DELIVERED

NAME OF EACH PARTY SERVED

ADDRESS AT WHICH SERVICE WAS MADE

Notice to all Spokespersons:*It is your responsibility to inform the Clerk's Office if you have a change of address.*

Clerk's Office: (860) 862-6342

Facsimile: (860) 862-6159

FOR COURT USE ONLY: