

# APPEARANCE

Rev. 5/15

DOCKET NO.

COURT DATE

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

**MOHEGAN TRIBAL COURT**

ADDRESS 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.
- All Plaintiffs.
- The following Plaintiff(s): \_\_\_\_\_
- The Defendant.
- 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: