

**Appeal From a Final Agency
Decision** *Rev. 5/25*
(Attach Summons Form MCS-7)

**Mohegan Court System
13 Crow Hill Road
Uncasville, CT 06382
(860) 862-6342**

Return Date: _____
(Insert return date)

Docket Number: _____

AGENCY:

- ☐ Office of the Executive Director of Public Safety pursuant to the Fire Code and Motor Vehicle Code
- ☐ Office of the Safety Manager
- ☐ Office of the Tribal Building Official and Environmental Protection Administrator and the Building Code or Demolition Code
- ☐ Office of the Tribal Director of Health pursuant to the Public Health Code and Food Protection Code
- ☐ Mohegan Tribal Employment Rights Hearing Officer pursuant to the Mohegan Tribal Employment Rights Code
- ☐ Other: _____

PLAINTIFF: _____

Address _____

Telephone: _____

Email: _____

DESCRIBE FINAL AGENCY DECISION FROM WHICH APPEAL IS TAKEN: _____

Filing Date:

☐ Preliminary, Procedural or Intermediate Action or Ruling (Describe):

DATE OF MAILING/PERSONAL DELIVERY OF FINAL AGENCY DECISION: _____

FILING FEES: ☐ PAID ☐ APPLICATION FOR WAIVER OF FILING FEE - ATTACHED

APPEARANCE: ☐ PLAINTIFF PRO SE

APPEARANCE BY COUNSEL (SPECIFY NAME, ADDRESS, TELEPHONE AND FAX
NUMBERS FOR MEMBERS OF THE MOHEGAN TRIBAL COURT BAR):
