

**APPEAL FROM A FINAL
AGENCY DECISION**

Rev. 1/21

(Attach Summons Form MCS-7)

MOHEGAN TRIBAL COURT
13 Crow Hill Road, P.O. Box 549
Uncasville, CT 06382
(860) 862-6342

Docket Number: _____

Return Date: _____
(Insert return date)

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):
