

MOTION FOR TELEPHONIC HEARING

Rev. 9/19

MOHEGAN TRIBAL COURT
 13 Crow Hill Rd., P.O. Box 549
 Uncasville, CT 06382

NAME OF CASE: (First named Plaintiff v. First named Defendant)		
DOCKET NO.:	DATE OF REQUEST:	DATE OF SCHEDULED EVENT:

EVENT FOR WHICH TELEPHONIC HEARING IS REQUESTED: *"X" applicable box(es) and explain below*

<input type="checkbox"/> Child Support Hearing	<input type="checkbox"/> Trial Management Conference
<input type="checkbox"/> Status Conference	<input type="checkbox"/> Trial
<input type="checkbox"/> Pretrial Conference	<input type="checkbox"/> Other: _____

REASON(S) FOR TELEPHONIC REQUEST:

IN THE EVENT THIS MOTION IS GRANTED, I AGREE TO BE AVAILABLE BY TELEPHONE AS FOLLOWS:

PHONE NUMBER TO BE REACHED AT:	DATE OF SCHEDULED EVENT:	TIME OF SCHEDULED EVENT:
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If the moving party does not respond to the Clerk's telephone call on said date and time, the Court will proceed with the scheduled event in said party's absence.

SIGNED: (Person making motion)		NAME OF ATTORNEY OR PRO SE PARTY (Print or Type)	
<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant	<input type="checkbox"/> Attorney for Plaintiff	<input type="checkbox"/> Attorney for Defendant
By signing this Motion for Telephonic Hearing, I hereby represent that a copy was mailed/delivered to all pro se parties and counsel of record.			
ORDER:	<input type="checkbox"/> GRANTED	<input type="checkbox"/> DENIED	
SIGNED: (Judge/Clerk)		Date:	