

SUMMONS-Civil
TC-3 Rev. 1/21

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

"X" ONE OF THE FOLLOWING	
Amount, legal interest or property in demand, exclusive of interest and costs is	
<input type="checkbox"/>	\$5,000 or less
<input type="checkbox"/>	More than \$5,000
See MTC § 1-22	

RETURN DATE: _____
(Return date not more than 60-days after the date of the process)

MOHEGAN TRIBAL COURT

Plaintiff

Defendant

Date

SUMMONS

TO: _____
(Name and Address of Defendant 1)

TO: _____
(Name and Address of Defendant 2 - if any)

Notice is hereby given that a lawsuit has been filed against you. The Complaint attached to this document states the claims that the Plaintiff is making against you.

To be notified of further proceedings, you or your Spokesperson must file a form called an "Appearance" with the Court Clerk on or before the second day after the above Return Date. This Return Date is not a hearing date. You do not come to Court on the Return Date unless you receive a separate notice telling you to come to Court. If you or your Spokesperson does not file an Appearance form on time, a DEFAULT JUDGMENT may be entered against you. An Appearance form can be obtained from the Clerk.

The Rules regarding the filing of responsive pleadings to this law suit are contained in the Mohegan Rules of Civil Procedure (MRCP), which may be obtained from the Clerk of the Court or online at www.mohegan.nsn.us.

The Court Clerk is not permitted to give advice on legal questions. A list of Attorney-Spokespersons and Non-Attorney Spokespersons is available from the Clerk.

FILE STAMP

FOR COURT USE ONLY:

Clerk's Signature:	Date:
DOCKET NO. ASSIGNED:	
This number is your reference number and should be noted on all future filings.	

Plaintiff's Name: <i>(Please print)</i>	Address: Telephone: Email:
Spokesperson's Name: <i>(if applicable)</i>	Address: Telephone: Email:

Plaintiff's Signature	Date:
Spokesperson's Signature: <i>(if applicable)</i>	Date:

Continuance of Parties Form Attached.