

APPEARANCE



Mashantucket Pequot
Tribal Nation
Tribal Court

TO: The Mashantucket Pequot Tribal Court

Docket No.:
Return Date:

Name of Case (Plaintiff)	v.	(Defendant)
Court Division:		MASHANTUCKET PEQUOT TRIBAL COURT 8 ANNIE GEORGE DRIVE EXT. P.O. BOX 3126 MASHANTUCKET, CT 06338-3126

PLEASE ENTER THE APPEARANCE OF

Name of Individual Attorney, Lay Advocate or Pro Se Party			
Mailing Address (No., Street, P.O. Box)			Telephone No.
City/Town	State	Zip Code	Fax No.

- Court Appointed Attorney
 Attorney
 Lay Advocate
 Pro Se Party

In the above-entitled case for: ("X" appropriate box)

- The Plaintiff(s)
 The following Plaintiff only: _____
 The Defendant(s)
 The following Defendant only: _____

Note: If other counsel have already appeared for the party or parties indicated above, state whether the appearance is:

- In lieu of appearance of Attorney _____ already on file.
 In addition to appearance already on file.

X _____ *Signed*
individual attorney or pro se party *Printed or typed name* *Date Signed*

CERTIFICATION	
I hereby certify that a copy of the above was mail/delivered to: <input type="checkbox"/> All counsel and pro se parties of record. <input type="checkbox"/> Counsel or the party whose appearance is to be replaced. X _____ <i>Signed</i> <i>individual attorney or pro se party</i> <i>Date mailed/delivered</i>	<i>For Court Use:</i>