

MASHANTUCKET PEQUOT TRIBAL COURT
OFFICE OF THE TRIBAL COURT CLERK
P.O. BOX 3126, 101 PEQUOT TRAIL
MASHANTUCKET, CT 06338-3126



Mashantucket Pequot
Tribal Nation
Tribal Court

TO: The Mashantucket Pequot Tribal Court

Docket No:

Name of Case (full name of plaintiff vs. full name of defendant)

PLEASE ENTER THE APPEARANCE OF

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

- 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: _____
 Other: _____

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

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

X _____ *Signed: individual attorney or pro se party*
_____ *Print or type 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: individual attorney or pro se party</i> _____ <i>Date mailed/delivered</i>	<i>For Court Use:</i>