



**San Manuel Tribal Court**  
San Manuel Indian Reservation  
3214 Victoria Avenue  
Highland, CA 92346  
Phone: (909) 907-6920

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### APPEARANCE

Attorney     Advocate     Party Representing Self    *(check one)*

Name:		<i>For Court Use Only</i>
Address:		
Phone:	Fax:	
If Attorney or Advocate, name of party represented:		
Plaintiff(s)/Petitioner(s) <i>(circle one)</i> :		
Defendant(s)/Respondent(s) <i>(circle one)</i> :		Case Number:

Note: If you are filing as an Attorney, Advocate or Lay Advocate, you must first be admitted to practice in the court before you can file any paperwork with the Court Clerk.

1. Please enter the appearance of:

2. Said person is appearing as *(check one)*:

- A party representing himself/herself in this proceeding (acting "pro se").
- A party's attorney or advocate who is admitted to practice before the court.

Name of Firm *(if applicable)*:

San Manuel Bar ID No.:

Is membership current? (Y/N):

Petitioner(s):  
Respondent(s):

Case Number:

3. In the above entitled case for (*check one*):

- Petitioner(s):
- Petitioner only:
- Respondent(s):
- The following respondent(s) only:
- Other (*specify*):

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.

Date:

\_\_\_\_\_  
Print Name of Attorney/Advocate/Lay Advocate

\_\_\_\_\_  
Attorney/Advocate Lay Advocate Signature

4. **I hereby certify that** (*check one*):

- A copy of the above was mailed or personally served on the following attorney(s)/advocate(s) or pro se parties (i.e., parties not represented by an attorney or advocate) in this case:

Name:

Name:

Address:

Address:

Type of service:

Type of service:

Date of service:

Date of service:

- A copy of the above will be mailed or personally served on the attorney(s)/advocate(s) or pro se parties (i.e., parties not represented by an attorney or advocate) in this case at the same time the first papers are served on them and a proof of service will be timely filed to show that this has been done.

Date:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature