

San Manuel Tribal Court

San Manuel Indian Reservation 3214 Victoria Avenue Highland, CA 92346

Phone: (909) 907-6920

APPEARANCE ☐ Attorney □ Advocate Party Representing Self (check one) Name: Address: Phone: Email: If Attorney or Advocate, name of party represented: For Court Use Only Plaintiff(s)/Petitioner(s) (circle one): Case Number: Defendant(s)/Respondent(s) (circle one): 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):

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Is membership current? (Y/N):

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 .:

	i(s)/Petitioner(s): ant(s)/Respondent(s):	Case Number:	
3. In th	e above entitled case for (check one):		
	Plaintiff(s)/petitioner(s):		
	The following plaintiff/petitioner only:		
	Defendant(s)/respondent(s):		
	The following defendant(s)/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	