

Phone:

Fax:

) Docket Number:
	Plaintiff)
vs.) PACSES Case Number:
)
	Defendant) Other State ID Number:

Praecipe for Entry of Appearance

Enter my appearance on behalf of _____ .
Papers may be served at the address set forth below.

Attorney for Party Named Above

Attorney Identification Number

Firm

Address

City, State, Zip Code

Telephone Number

Fax Number for Service of Papers (Optional)

Email Address

I hereby certify that this entry is not intended to, nor will it, delay this proceeding to the best of my knowledge, information and belief.

Signature

Date

