

## **APPEARANCE**

Each attorney appearing in a case must file an appearance with an original signature and it must include his/her Connecticut Federal Bar Number. It is preferable that each attorney file a separate appearance using this form. However, they may draft their own appearance form and it may include more than one attorney but it **must** have an original signature for each attorney wishing to file an appearance. Only those attorneys with an original signature will be added to the case. The deputy clerk shall reject incomplete appearances as being deficient. If one attorney has an original signature and provided all required information the deputy clerk may add that attorney to the case. The deputy clerk shall advise counsel what deficiencies are and ask that it be properly resubmitted.

The following information must be provided by the attorney:

1. Complete case title
2. Case Number, including the judges initials
3. List each party they represent
4. Date

**NOTE: EACH ATTORNEY MUST PROVIDE THE FOLLOWING INFORMATION:**

5. Connecticut Federal Bar Number: ct00000
6. Telephone Number
7. Original signature of each appearing attorney (Xeroxed copies are not acceptable)
8. Attorneys name must be printed legibly or typed
9. Complete address and zip code
10. Certificate of service must list each attorney or party to whom the appearance was mailed.
11. Original signature of each appearing counsel

**UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT**

**APPEARANCE**

**CASE NUMBER:**

**To the Clerk of this court and all parties of record:**

**Enter my appearance as counsel in this case for:**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Connecticut Federal Bar Number**

\_\_\_\_\_  
**Print Clearly or Type Name**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**E-mail address**

**CERTIFICATE OF SERVICE**

**This is to certify that the foregoing Appearance was mailed on this date to the following:**

\_\_\_\_\_  
**Signature**

(Use additional pages, if necessary, to list the name and address of each attorney or party for which you are certifying service)