

APPEARANCE FORM (CRIMINAL)

Defendant

Case Number: _____
(Previously supplied by Clerk)

(File stamp)

// Check if *Pro Se*. In the event the defendant decides to represent himself or herself, complete this form listing address and other service information in number 2.

1. Name of Defendant(s): _____

(All defendants represented by attorney listed below)

2. Defense Attorney information (as applicable for service):

Name: _____	Attorney No. _____
Address: _____	Phone: _____
_____	FAX: _____
_____	Computer Address: _____

3. Will Defendant accept service by FAX: Yes ___ No ___

4. Additional information required by state or local rule: _____

Note: If separate attorneys represent separate defendants or separate sets of defendants, use an appearance form for each separately represented defendant or set of defendants.

Authority: Pursuant to Criminal Rule 2.1(B), this form shall be filed at the time a criminal proceeding is commenced. In emergencies, the requested information shall be supplied when it becomes available. Parties shall advise the court of a change in information previously provided to the court. This format is approved by the Division of State Court Administration.