**APPEAL** MCS-171 Rev. 5/19

Mohegan Court System 13 Crow Hill Road, P.O. Box 549

Uncasville, CT 06382

**Gaming Disputes Court: (860) 862-6155** 

Mohegan Tribal Court: (860) 862-6342 APPEAL TO: ☐ GAMING DISPUTES COURT OF APPEALS ■ MOHEGAN TRIBAL COURT OF APPEALS NAME OF CASE: (State full name of case as appears in the judgment file) CLASSIFICATION: Appeal **Consolidated Appeal Cross Appeal** Stipulation for Reservation Joint Appeal Corrected/Amended Appeal Form Amended Appeal Other: (Specify) TRIAL COURT DOCKET NO.: \_\_\_\_\_\_TRIAL COURT JUDGE: \_\_\_\_\_ Other:\_\_\_\_\_ Plaintiff Defendant JUDGMENT FOR: JUDGMENT DATE: \_\_\_\_\_ DATE FOR FILING EXTENDED APPEAL:\_\_\_\_\_ DATE OF ISSUANCE OF NOTICE ON ANY ORDER ON ANY MOTION WHICH WOULD RENDER JUDGMENT INEFFECTIVE: \_\_\_\_ CASE TYPE: Civil (Specify): \_\_\_\_\_ ☐ License Appeal ☐ Non- License Appeal Administrative Appeal: Workers Compensation Other (Specify): APPEAL FILED BY: ☐ Defendant \_\_\_\_\_ Plaintiff\_\_\_\_\_ Other FROM (THE ACTION THAT CONSTITUTES THE FINAL JUDGMENT): \_\_\_\_\_\_ \_\_\_\_\_ DATED: \_\_\_\_\_ TELEPHONE NO.:\_\_\_\_\_ (Signature of Attorney or pro se party) ATTACHMENTS (Indicate which of the following are attached by placing an "X" in the proper box(es)): Preliminary Statement of Issues **Preliminary Designation of Pleadings** Certificate Re: Transcript **Appearances** I hereby certify that a copy hereof was served on all counsel and pro se parties of record **CERTIFICATION:** SIGNED BY (Individual Counsel): \_\_\_\_\_\_ DATED: \_\_\_\_\_ FILING FEE PAID ☐ NO FEE **DOCKET NO.: COURT USE ONLY - FILE DATE**