MOHEGAN COURT SYSTEM
13 Crow Hill Road, P.O. Box 549, Uncasville, CT 06382

SUMMONS
MCS-7 Rev. 5/19

Administrative Appeal To: ☐ *Gaming Disputes Court* ☐ *Mohegan Tribal Court*

TO ANY PROPER OFFICER, GREETING:
You are hereby commanded to summon

- ☐ Office of the Director of Regulation
- ☐ Office of the Tribal Fire Marshal
- ☐ Office of the Safety Manager
- ☐ Office of the Tribal Building Official
- ☐ Office of the Environmental Protection Administrator
- ☐ Office of the Director of Health
- ☐ Tribal Employment Rights Administrator (MTC § 4-110(c))
- ☐ Office of the Employment Code Compliance Administrator
- ☐ Other _____

_____

to appear before the Gaming Disputes Court at 13 Crow Hill Road, Uncasville, Connecticut,

on _____ *(insert return date)*, such appearance to be made by
   (a Tuesday, not less than 30 days and not more than 60 days after the summons date)

the defendant(s) or their attorney(s) by filing a written statement of appearance with the

Clerk of the Court on or before the second day following the return date, then and there to

answer unto the foregoing appeal and petition of _____, by
                                                    (Plaintiff's name)

serving on each of the above named a true and attested copy of the appeal, bond and of

this summons in the manner prescribed for the service of civil process, at least twelve days

before said return day, and due return make.

Dated: _____.

_____
☐ Attorney
☐ Clerk of Court

Page 1 of 2

NOTICE: **If this Summons is signed by the Clerk of the Court:**

    a. The signing has been done so that the Plaintiff(s) will not be denied access to the Court.

    b. The Clerk of the Court is not permitted to give any legal advice in connection with any lawsuit.

    c. The Clerk of the Court is signing this summons at the request of the Plaintiff(s) and is not responsible in anyway for any error or omission in the summons or any allegations contained in the Appeal.

I hereby certify I have read
and understand the above:

SIGNED: (Pro Se Plaintiff)   DATE:

X_____   _____