

Phone:

Fax:

vs.

Plaintiff

Defendant

) Docket Number:

) PACSES Case Number:

) 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

Service Type

Form CM-200 12/16  
Worker ID

