



NOTICE OF APPEARANCE OF COUNSEL

Pursuant to TCA § 16-18-310, the Spring Hill Municipal Court requires that Attorneys representing a party before the Court in any manner shall file the following information with the Court:

Name of Case or Client: _____

Citation Number: _____

Name of Attorney: _____

State(s) of Licensure: _____

Bar Number(s): _____

Firm Name: _____

Office Address: _____

Home County of Practice: _____

Phone:(_____) _____

FAX: (_____) _____

E-Mail: _____

_____ Date: _____

Counsel Signature





Notice of Appearance of Counsel may be returned to the Clerk's Office for inclusion in the Court's record in the following manners:

Via U.S. Mail:

Ms. Jennifer Mitchell
Deputy Clerk
Spring Hill Municipal Court
P.O. Box 789
Spring Hill, TN 37174

Via Facsimile:

ATTN: Ms. Jennifer Mitchell
Deputy Clerk
Spring Hill Municipal Court
(931) 486-0516

Via E-Mail

Attachment to:

jmitchell@springhilltn.org

