

APPEARANCE OF COUNSEL	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department	
CASE NAME			DIVISION
<p>To The Clerk-Magistrate:</p> <p>Please enter my appearance as attorney for _____</p> <p>_____ in the above numbered court action.</p>			
ATTORNEY NAME		B.B.O. NO. (Required)	
ATTORNEY FIRM OR AGENCY		TELEPHONE NO.	
STREET ADDRESS		CELL PHONE NO.	
CITY/TOWN	STATE	ZIP CODE	FAX NO.
<p>_____</p> <p style="text-align: left;">DATE</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">SIGNATURE OF ATTORNEY</p>			