

# APPEARANCE FORM (CRIMINAL - DEFENDANT)

## Defendant

Case Number: \_\_\_\_\_ (file stamp)  
*(Previously supplied by Clerk)*

// Check if *Pro Se*. In the event the defendant decides to represent him or herself, complete this form listing the address and other service information in number 2.

1. Name of Defendant(s):

---

---

*(All defendants represented by attorney listed below.)*

2. Defense Attorney information (as applicable for service):

Name: \_\_\_\_\_ Attorney No. \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
Computer Address: \_\_\_\_\_ Cell Phone (Pro Se defendants): \_\_\_\_\_

3. Will Defendant accept service by FAX: Yes \_\_\_ No \_\_\_ EMAIL: Yes \_\_\_ No \_\_\_

4. Additional information specified by state or local rule required to maintain the information management system employed by the court:

---

---

---

---

Note: If separate attorneys represent separate defendants or separate sets of defendants, use an appearance form for each separately represented defendant or set of defendants.

**Authority:** *Under Criminal Rule 2.1(B), this form shall be filed at the time an attorney for the defendant first appears in the case. In emergencies, the requested information shall be supplied when it becomes available. Parties shall advise the court of a change in information previously provided to the court. This format is approved by the Division of State Court Administration.*