



# Notification of Appearance

Mashantucket Pequot Tribal Nation  
Workers' Compensation Commission  
P.O. Box 3060  
Mashantucket, CT 06338-3060  
Phone (860)396-2424 Fax (860)396-2060  
MPTNWCC@mptn-nsn.gov



**I hereby notify the Workers' Compensation Commission regarding the following matter:**

Claimant: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
Month Day Year

### Employer Information (check one)

Mashantucket Pequot Tribal Nation  Mashantucket Pequot Gaming Enterprise

### Representation

Name: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City/Town State Zip Code

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Appearance

1.) Check at least ONE box below and provide the appropriate information for any box(es) you check.

I represent the Claimant \_\_\_\_\_

I represent the Employer \_\_\_\_\_

I represent the T.P.A. \_\_\_\_\_

I represent the Medical Provider \_\_\_\_\_

I represent Another Party (please specify) \_\_\_\_\_

2.) Check any Applicable box(es) below and provide the appropriate information for any box(es) you check.

I am appearing in lieu of \_\_\_\_\_

I am appearing in addition to \_\_\_\_\_

3.) Date and Sign this form:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
Month Day Year