



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

(W.C. C. use only)

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: _____ Email: _____

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