

APPEARANCE OF COUNSEL		DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department	
CASE NAME			DIVISION	
<div>To The Clerk-Magistrate: Please enter my appearance as attorney for _____ _____ in the above numbered court action.</div>				
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.	
<div><div>_____ DATE</div><div>_____ SIGNATURE OF ATTORNEY</div></div>				