



ENTRY OF APPEARANCE

COURT	COUNTY
<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Providence/Bristol County or Sixth Division
<input type="checkbox"/> Superior Court	<input type="checkbox"/> Washington County or Fourth Division
<input type="checkbox"/> Family Court	<input type="checkbox"/> Kent County or Third Division
<input type="checkbox"/> District Court	<input type="checkbox"/> Newport County or Second Division

State of Rhode Island v. Defendant	Case Number
	Bureau of Criminal Identification Number
Attorney Court Appointed <input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby enter my appearance for the Defendant _____.

Name of the Attorney _____	Rhode Island Bar Number:
Signature of the Attorney /s/ _____	Date:
Address:	
Telephone Number:	Date:

CERTIFICATE OF SERVICE

I hereby certify that, on the _____ day of _____, _____:

I filed and served this document through the electronic filing system to the following:

The document electronically filed and served is available for viewing and/or downloading from the Rhode Island Judiciary's Electronic Filing System.

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I mailed or hand-delivered this document to the attorney for the opposing party and/or the opposing party if self-represented, whose name is _____ at the following address _____

/s/ _____
Name