



## NOTICE OF APPEARANCE OF COUNSEL

Pursuant to TCA § 16-18-310, the Spring Hill City Court requires that Attorneys representing a party before the Court in any manner shall file the following information with the Court:

Name of Case or Client: \_\_\_\_\_

Citation Number: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

State(s) of Licensure: \_\_\_\_\_

Bar Number(s): \_\_\_\_\_

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

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

Home County of Practice: \_\_\_\_\_

Phone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Counsel Signature

Please submit this form to the Spring Hill Court Clerk by email at [jmitchell@springhilltn.org](mailto:jmitchell@springhilltn.org) or by fax at (615) 719-7344.



Spring Hill City Court

800 Hathaway Blvd., Spring Hill, TN 37174

(931) 451-0891

[jmitchell@springhilltn.org](mailto:jmitchell@springhilltn.org)



If you have a disability and require assistance, contact: (931) 451-0891.