



**NOTICE OF APPEARANCE OF COUNSEL**

Pursuant to TCA § 16-18-310, the Spring Hill Municipal 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 Municipal Court Office:  
Email: [jmitchell@springhilltn.org](mailto:jmitchell@springhilltn.org)  
Fax: (931) 486-0516  
Mail: P.O. Box 789, Spring Hill, TN 37174



**CITY OF SPRING HILL**  
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