

**NASSAU COUNTY SURROGATE'S COURT
APPEARANCE FORM**

I. PLEASE PROVIDE ALL OF THE FOLLOWING REQUIRED INFORMATION:

Estate Name: _____
File No.: _____
Name of Litigant: _____
Address: _____
E-Mail Address: _____
Phone Number: _____
Do you authorize an attorney to represent you in this proceeding? Yes ___ No ___

II. IF REPRESENTED BY AN ATTORNEY, THE ATTORNEY MUST FILL OUT:

PLEASE TAKE NOTICE, that _____
of _____ is hereby authorized to appear in the
above entitled proceeding by the undersigned who has been retained as the attorney for
_____ (respondent) and all papers in this proceeding should be served upon
the undersigned at the office or post office address stated below.

Dated: _____

Signature of Attorney: _____

Firm Name: _____

By: _____

Attorney for: _____

Address: _____

Telephone: _____

Facsimile: _____

Email: _____

TO:

By: _____

You will be notified by the court after the return date set forth in the Citation regarding the date and time of the conference to be held in this proceeding.

Any questions should be directed to www.nassausur.citationresponse@nycourts.gov