



APPEARANCE
STATE OF CONNECTICUT
BOARD OF PARDONS & PAROLES

BOPP 2082
REV
10/30/2019

1. Type or print legibly.
2. Mail or deliver a copy to the DOC PCS Parole Officer of record and any other parties of record, and complete the certification below.
3. Check only the box that appropriately applies to your appearance.
4. Mail to: Revocations Unit, State of Connecticut Board of Pardons and Paroles, 55 West Main Street, Suite 520, Waterbury, Connecticut, 06702, or email to BOPP.Revocations@ct.gov or fax to 203-805-6652

Offender Name	DOC Number
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Please Enter the appearance of:

- Connecticut Licensed Attorney
- pro hac vice* (I have permission from the Superior Court to appear in this matter. Attach permission.)

NAME OF FIRM OR INDIVIDUAL ATTORNEY			JURIS NUMBER	
MAILING ADDRESS (NO., STREET, P.O. BOX)			TELEPHONE NUMBER	
CITY/TOWN	STATE	ZIP CODE	FAX NUMBER	E-MAIL ADDRESS

This Appearance is for (please check all that apply):

- Full representation
- Partial representation (*specify*) _____
- This appearance is in lieu of the appearance of the following attorney already on file: _____ (Name and Juris No.)

SIGNED	PRINT NAME OF PERSON SIGNING	DATE SIGNED
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CERTIFICATION:

I hereby certify that a copy of this document was mailed or delivered on (date) _____ to all parties of record:

Name and address of each party that a copy was mailed or delivered to:		
SIGNED	PRINT NAME OF PERSON SIGNING	DATE SIGNED

*If necessary, attach an additional sheet or sheets with the name(s) of each party served and the address which service was made.