## <u>STATE OF CONNECTICUT – OFFICE OF PUBLIC HEARINGS</u>

## APPEARANCE FORM – DISCRIMINATION CASE

(Send to CHRO – Office of Public Hearings, 450 Columbus Boulevard, Hartford, CT 06103; officeofpublichearings@ct.gov; or fax to 860-418-8780)

CASE NAME (First Named Complaina	int v. First Named Ro	espondent)	CASE No.
	v.		
PLEASE ENTER THE APPEARANCE Name of Official, Firm, Professional Corp., Individual	= OF:	Pro Se Parties Notice bel	Juris No.
Mailing Address (No., Street, P.O. Box			TD 1 N
Trialing Flucioss (1701, Subset, 1701 Bon.	,		
City/Town	State	Zip Code	Fax No.
Email			
In the above-entitled case for: (select or			II Daniela GIDC
☐ The Complainant ☐ All Compl		•	All Respondents   CHRC
☐ The following Complainants only:			
☐ The following Respondents only:			
Note: If counsel has already appeared for th	ne party or parties indic	cated above, state wh	nether this appearance is:
☐ No other counsel has appeared for t	the party or parties in	ndicated above.	
☐ In lieu of appearance of the followi	ng named attorney o	or firm already on f	file:
☐ In addition to appearance already of			
☐ I am appearing <i>pro hac vice</i> and ha			
the court's permission to this appea <u>Signature</u> (Individual attorney or pro se par		on Signing at Left (P	
<u>organiture</u> (marvidum actorney of pro-se par	rtaine of Ferse	<u>M</u> Signing at Left (1	Dute Signed
	CERTIFICATI	ION	
I hereby certify that a copy of the abo	ove was mailed/deli	vered to:	
☐ All counsel, including Commission	_	_	
☐ Counsel or the party who appearar	nce is to be replaced	(For "in lieu of" a	ppearances)
<u> </u>			
Signature (Individual attorney or pro se party)  Date Copies Mailed/Delivered			
List below the name of each party	served and the a	ddress at which	service was made (attach
additional sheet if necessary)			,

<sup>\*</sup>Notice to Pro Se Parties – A pro se party represents himself or herself. It is your responsibility to inform the CHRO if any of your contact information, including your address, changes.