

STATE OF CONNECTICUT – OFFICE OF PUBLIC HEARINGS

APPEARANCE FORM – DISCRIMINATION CASE

(Send to CHRO – Office of Public Hearings, 25 Sigourney Street, 7th Floor, Hartford, CT 06106; officeofpublichearings@ct.gov; or fax to 860-418-8780)

CASE NAME - (FIRST-NAMED COMPLAINANT vs. FIRST-NAMED RESPONDENT):

CASE No.

v.

PLEASE ENTER THE APPEARANCE OF:

Name Of Official, Firm, Professional Corp., Individual Atty., or Pro Se Party (See "Notice to Pro Se Parties" at bottom.\*)

Mailing Address (No., Street, P.O. Box)

City/Town State Zip Code

Email

Juris No. if applicable

Tel. No.

Fax No.

In the above-entitled case for (select one):

- The Complainant All Complainants The Respondent All Respondents
The following Complainant (s) only:
The following Respondent (s) only:

Note: If other counsel have already appeared for the party or parties indicated above, state whether this appearance is:

- No other counsel has appeared for the party or parties indicated above.
In lieu of appearance of the following named attorney or firm already on file -
In addition to appearance already on file.

Signature (Individual attorney or pro se party) Name Of Person Signing At Left (Print or Type) Date Signed

CERTIFICATION

I hereby certify that a copy of the above was mailed/delivered to:

- All counsel, including Commission counsel and pro se parties of record.
Counsel or the party whose appearance is to be replaced. (For "in lieu of" appearances.)

Signature (Individual attorney or pro se party)

Date Copies Mailed/Delivered

List below the name of each party served and the address at which service was made. (Attach additional sheet if necessary.)

Table with 2 columns for party name and address.

\*Notice to Pro Se Parties - A pro se party represents himself or herself. It is your responsibility to inform the Office of Public Hearings if any of your contact information, including your address, changes.