

STATE OF CONNECTICUT
Commission on Human Rights and Opportunities
Office of Public Hearings

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| <u>CASE NO.</u> |
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CHRO ex rel. _____ v. _____
NAME OF CASE (FIRST-NAMED COMPLAINANT vs. FIRST-NAMED RESPONDENT)

MAIL TO: CHRO – Office of Public Hearings, 21 Grand Street, 3rd Floor, Hartford, CT 06106

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

Juris number (if applicable) Telephone No. Fax No. E-mail address

In the above-entitled case for: ("X" one of the following)

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

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

- In lieu of appearance of attorney or firm _____ already on file OR
(Name)
- In addition to appearance already on file.

| | | |
|---|---|--------------------|
| <u>Signed</u> (Individual attorney or pro se party) | <u>Name of person signing at left</u> (Print or Type) | <u>Date Signed</u> |
| X | | |

CERTIFICATION

I hereby certify that a copy of the above was served by first class mail/hand delivery/ facsimile transmission 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)

Signed (Individual attorney or pro se party) Date copies mailed/delivered

X

Name of each party served* Address at which service was made.

* If necessary, attach additional sheet with names of each party served and the address at which service was made.

Notice To Pro Se Parties - - A pro se party is a person who represents himself or herself. It is your responsibility to inform the Office of Public Hearings if you have a change of address.