STATE OF CONNECTICUT – OFFICE OF PUBLIC HEARINGS

WITHDRAWAL OF 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 Complainar	nt v. First Named Respondent)	CASE No.
	v.	
PLEASE WITHDRAW THE APPEARANCE OF:		Juris No.
Name of Official, Firm, Professional Corp., Individual	Atty., or Pro Se Party (See Pro Se Parties Notice below)	
Mailing Address (No., Street, P.O. Box)	Tel. No.	
City/Town	State Zip Code	Fax No.
Email		
 ☐ The Complainant ☐ All Complainant ☐ The following Complainants only: ☐ The following Respondents only: Signature (Individual attorney or pro se particular description)	ty) Name of Person Signing at Left (Print or T	
	CERTIFICATION	
	n counsel and pro se parties of record. ace is to be replaced (For "in lieu of" appearan	nces)
List below the name of each party additional sheet if necessary)	served and the address at which service	e was made (attach

^{*}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.