

**APPEARANCE
STATE OF CONNECTICUT
FREEDOM OF INFORMATION COMMISSION**

INSTRUCTIONS

1. Type or print legibly.
2. File only the original with the Clerk of the Commission, Freedom of Information Commission, 18-20 Trinity Street, Suite 100, Hartford, CT 06106.
3. Mail or deliver a copy to the attorney or pro se party and complete the certification below.
4. For **Appearance in place of (in-lieu-of) another attorney, law firm, or self-represented party:** Complete the certification below.

TO: The Freedom of Information Commission

| | | | |
|--------------------------------------------------------------------------|-------|-------------------------------|------------------------------------|
| DOCKET FIC DOCKET NO. | | RETURN DATE | |
| NAME OF NAME OF CASE (FIRST-NAMED COMPLAINANT V. FIRST-NAMED RESPONDENT) | | | |
| PLEASE ENTER THE APPEARANCE OF: | | | |
| NAME OF OFFICIAL, FIRM, PROFESSIONAL CORPORATION, OR INDIVIDUAL ATTORNEY | | | |
| MAILING ADDRESS (No., Street, P.O. Box) | | | TELEPHONE NUMBER (Area code first) |
| CITY/TOWN | STATE | ZIP CODE | E-MAIL ADDRESS |
| | | FAX NUMBER. (Area code first) | |

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: _____
- Intervener: _____

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

*In lieu of appearance of attorney or firm or pro se party (Name) _____
already on file **OR** _____ **(Name)**
In addition to appearance already on file.*

CERTIFICATION

This certification must be completed for "in lieu of" appearances

| | | |
|----------------------------------------------------------|------------------------------------------------|-------------|
| SIGNED (Individual attorney or pro se party) X | NAME OF PERSON SIGNING AT LEFT (Print or Type) | DATE SIGNED |
|----------------------------------------------------------|------------------------------------------------|-------------|

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

All counsel and pro se parties of record as listed below and on any additional sheet(s).

Counsel or the party whose appearance is to be replaced as listed below and on additional sheet(s).

| | |
|----------------------------------------------------------|------------------------------------|
| SIGNED (Individual attorney or pro se party) X | DATE COPY(IES) MAILED OR DELIVERED |
|----------------------------------------------------------|------------------------------------|

| | |
|-----------------------------|-----------------------------------|
| NAME OF EACH PARTY SERVED * | ADDRESS AT WHICH SERVICE WAS MADE |
|-----------------------------|-----------------------------------|

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