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

APPEARANCE FORM – WBR 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 Complainant	v. First Named Re	espondent)	OPH/WBR	No.
V.				
PLEASE ENTER THE APPEARANCE C Name of Official, Firm, Professional Corp., Individual At		Pro Se Parties Notice be		Juris No.
Mailing Address (No., Street, P.O. Box)			Г	Tel. No.
1101, 2000, 1101, 2000, 1101, 201,				101.110.
City/Town	State	Zip Code		Fax No.
Email				
In the above-entitled case for: (select one) ☐ The Complainant ☐ All Complain ☐ The following Complainants only: ☐ The following Respondents only:	nants The Re	espondent \square		
Note: If counsel has already appeared for the p □ No other counsel has appeared for the □ In lieu of appearance of the following □ In addition to appearance already on f	party or parties in named attorney or	ndicated above.		earance is:
☐ I am appearing <i>pro hac vice</i> and have		superior court to a	appear in this	matter. (Attach
the court's permission to this appearan				
<u>Signature</u> (Individual attorney or pro se party)	Name of Perso	on Signing at Left (Print or Type)	Date Signed
	 CERTIFICATI	ON		
I hereby certify that a copy of the above ☐ All counsel, including Commission of ☐ Counsel or the party who appearance	counsel and pro se	parties of record.		
Signature (Individual attorney or pro se party) Date Copies Mailed/Delivered				
List below the name of each party so additional sheet if necessary)	erved and the a	ddress at which	ı service wa	s 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.