

STATE OF CONNECTICUT – COMMISSION ON HUMAN RIGHTS & OPPORTUNITIES

APPEARANCE FORM – DISCRIMINATION CASE

(Send to CHRO office where the case is pending. Email is preferred)

CAPITOL REGION OFFICE
450 Columbus Boulevard
Hartford, CT 06103
chro.capitol@ct.gov

WEST CENTRAL REGION
OFFICE
Rowland State Government Center
55 West Main Street, Suite 210
Waterbury, CT 06702-2004
chro.westcentral@ct.gov

SOUTHWEST REGION OFFICE
350 Fairfield Avenue, 6th Floor
Bridgeport, CT 06604
chro.southwest@ct.gov

EASTERN REGION OFFICE
100 Broadway
Norwich, CT 06360
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HOUSING UNIT OFFICE
450 Columbus Boulevard
Hartford, CT 06103
chro.housing@ct.gov

LEGAL DEPARTMENT
450 Columbus Boulevard
Hartford, CT 06103
Chro.legal@ct.gov

CASE NAME (First Named Complainant v. First Named Respondent)

_____ v. _____

PLEASE ENTER THE APPEARANCE OF:

Name of Official, Firm, Professional Corp., Individual Attorney, or Non-Attorney Representative/Advocate

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

City/Town

State

Zip Code

Email

Case No.

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 Complainants only: _____

☐ The following Respondents only: _____

☐ I am appearing *pro hac vice* and have permission from superior court to appear in this matter.
Local counsel is

**Attach the court's permission to this appearance. Please note local counsel is required
and will need to file a separate appearance.**

If an appearance is already on file for the party or parties indicated above, state whether this appearance is:

☐ In lieu of appearance of the following already on file:

☐ In addition to appearance already on file.

Signature (Individual attorney or non-attorney
representative/advocate)

Name of Person Signing at Left (Print or Type)

Date Signed

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CERTIFICATION

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

- ☐ All counsel/representatives/advocates and pro se parties of record
- ☐ Individual whose appearance is to be replaced (for “in lieu of” appearances)

Signature (Individual attorney or non-attorney
representative/advocate)

Date Copies Mailed/Delivered

**List below the name of each party served and the email/mailing address at which service was made
(attach additional sheet if necessary)**