

**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](mailto: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](mailto:chro.westcentral@ct.gov)

SOUTHWEST REGION OFFICE  
350 Fairfield Avenue, 6<sup>th</sup> Floor  
Bridgeport, CT 06604  
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EASTERN REGION OFFICE  
100 Broadway  
Norwich, CT 06360  
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HOUSING UNIT OFFICE  
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LEGAL DEPARTMENT  
450 Columbus Boulevard  
Hartford, CT 06103  
[Chro.legal@ct.gov](mailto:Chro.legal@ct.gov)

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

\_\_\_\_\_  
v. \_\_\_\_\_

Case No.

PLEASE ENTER THE APPEARANCE OF:

Juris No.  
(if applicable)

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

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

Tel. No.

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Fax No.

Email \_\_\_\_\_

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)

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**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)**