

STATE OF CONNECTICUT – OFFICE OF PUBLIC HEARINGS

WITHDRAWAL OF 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 Respondent)

OPH/WBR 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 _____

In the above-entitled case for: (select one)

- The Complainant All Complainants The Respondent All Respondents CHRO
 The following Complainants only: _____
 The following Respondents only: _____

Signature (Individual attorney or pro se party)

Name of Person Signing at Left (Print or Type)

Date Signed

CERTIFICATION

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

- All counsel, including Commission counsel and pro se parties of record.
 Counsel or the party who appearance is to be replacing (For “in lieu of” appearances)

Signature (Individual attorney or pro se party)

Date Copies Mailed/Delivered

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

*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.