

STATE OF ILLINOIS
DEPARTMENT OF HUMAN RIGHTS

IN THE MATTER OF)
)
)
COMPLAINANT)
)
AND) CHARGE NO.:
)
) EEOC NO.:
RESPONDENT)
)

A P P E A R A N C E

_____, hereby enter the
(Name of law firm/attorney/non-attorney representative)

appearance of _____
(Name of Complainant or Respondent)

and our Appearance as their attorney (or non-attorney representative), and request that copies of all Pleadings, Orders, and other documents be served upon the undersigned for said Party in lieu service upon the Party.

PRINT name of attorney/non-attorney representative

Firm Name

Address

City State Zip Code

Telephone Number

Email Address

Fax Number

By checking this box, I consent to service of all pleadings, orders, and other documents by the Department via electronic mail and understand that electronic service to this Email Address is deemed complete upon transmission.

DATED: _____

By: _____
Signature