STATE OF ILLINOIS

HUMAN RIGHTS COMMISSION

IN THE MATTER OF:)
)
)
)
_____)
Complainant(s),)
)
and)
)
)
_____)
Respondent(s).)

CHARGE NO:_____
EEOC NO:_____
ALS NO:_____

APPEARANCE

The undersigned enters the appearance of: ☐ Complainant ☐ Respondent

_____
(Insert Litigant's Name)

_____
Signature

☐ Initial Counsel of Record ☐ Pro Se

☐ Additional Appearance ☐ Substitute Appearance

Name: _____ Atty. for: _____ Firm Name: _____ Address: _____ City/State/Zip: _____ Telephone: _____ Facsimile: _____	Once this Appearance form is filed, photocopies of this form must be sent to all other parties named in this case (or to their attorneys) using either regular mail, or personal delivery. (See Section 5300.30 of the Commission's Procedural Rules for more information.- *56 ILL. ADMIN. CODE PART 5300*)