

STATE OF ILLINOIS
HUMAN RIGHTS COMMISSION

IN THE MATTER OF:

Complainant(s),
and

Respondent(s).

CHARGE NO: _____
EEOC/HUD NO: _____
ALS NO: _____

CERTIFICATE OF SERVICE

I certify under penalty of perjury that I served a copy of _____ upon all parties of record, specifically (write in the name, mailing address, and email address of each party or the party's attorney if represented):

By email, personal hand delivery, or first-class mail properly addressed and posted for delivery on _____.

Signature

Name: _____	Telephone: _____
Attorney for: <input type="checkbox"/> Complainant or <input type="checkbox"/> Respondent	Email Address: _____
Law Firm Name: _____	*If Pro Se, please fill in your contact information where applicable.
Street Address: _____	
City/State/Zip: _____	