

**STATE OF ILLINOIS
HUMAN RIGHTS COMMISSION**

IN THE MATTER OF:

_____)
Complainant,)

v.)

_____)
Respondent.)

Charge No.: _____
EEOC / HUD No.: _____
ALS No.: _____

APPEARANCE FORM

1. The undersigned enters an appearance for: Complainant or Respondent

2. Check one of the following reasons for the appearance:

- Initial Attorney of Record Self-Represented Change of Address
- Additional Appearance Substitute Appearance

| | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IMPORTANT: | This Appearance Form must be filed with the Illinois Human Rights Commission, after which paper or electronic copies must be served on all other parties named in this matter (or their attorneys) by means of personal service, electronic service, or service by first-class mail within any applicable time limitations. The parties are directed to review the Commission's Procedural Rules for further information on service. See 56 Ill. Admin. Code § 5300.30 |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| A current mailing address and email address are required. | |
| /s/ _____ <i>Your Signature</i> | Street Address: _____ |
| Printed Name: _____ | City/State/Zip: _____ |
| Law Firm Name: _____ | Telephone: _____ |
| | Email Address: _____ |
| GETTING DOCUMENTS BY EMAIL: The Commission will send all future documents to you only by email. You should use an email address that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notices, or documents from other parties | |

**STATE OF ILLINOIS
HUMAN RIGHTS COMMISSION**

IN THE MATTER OF:

Complainant,

v.

Respondent.

)
)
)
)
)
)
)
)
)
)
)

Charge No.: _____
EEOC / HUD No.: _____
ALS No.: _____

CERTIFICATE OF SERVICE

1. I certify under penalty of perjury that I sent a copy of the following document:

2. To:

Name

Street Address

City State Zip

Email Address

Name

Street Address

City State Zip

Email Address

3. By (check one): Email
 First-Class Mail
 Personal Hand Delivery

4. On: _____
Date

| | |
|------------------------------------------------------------------------------------------|-----------------------|
| /s/ _____ <i>Your Signature</i> | Street Address: _____ |
| Printed Name: _____ | City/State/Zip: _____ |
| Law Firm Name: _____ | Telephone: _____ |
| Attorney for <input type="checkbox"/> Complainant or <input type="checkbox"/> Respondent | Email Address: _____ |