

**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: _____

Attorney for: ☐ Complainant or ☐ Respondent

Law Firm Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Email Address: _____

*If Pro Se, please fill in your contact information where applicable.