STATE OF ILLINOIS HUMAN RIGHTS COMMISSION

IN THE MATTER OF:)))
Complainant(s), and Respondent(s).	-) -) -) - CHARGE NO: - EEOC/HUD NO: - ALS NO: -)
	MOTION
I,(write in what you want to be ordered):	, am requesting the following relief
In support of my request, I state as follows (write an additional page if necessary):	in why you think you should get what you are asking for – attach Signature
Name: Attorney for: Complainant or Respondent	
Law Firm Name:	
Street Address: City/State/Zip:	1 11 11

STATE OF ILLINOIS HUMAN RIGHTS COMMISSION

))
Complainant(s),)
Respondent(s).))
<u>CERTIFIC</u>	ATE OF SERVICE
certify under penalty of perjury that I served a copy ofpecifically (write in the name, mailing address, and email a	upon all parties of record address of each party or the party's attorney if represented):
y email, personal hand delivery, or first-o	class mail properly addressed and posted for delivery on Signature
	Signature
y	