

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN RIGHTS

IN THE MATTER OF )  
)  
)  
COMPLAINANT )  
)  
AND ) CHARGE NO.:  
)  
)  
RESPONDENT )  
)

**A P P E A R A N C E**

\_\_\_\_\_, hereby enter the  
(Name of law firm/attorney/non-attorney representative)

appearance of \_\_\_\_\_  
(Name of Complainant or Respondent)

and our Appearance as their attorney (or non-attorney representative), and request that copies of all Pleadings, Orders, and other documents be served upon the undersigned for said Party in lieu service upon the Party.

\_\_\_\_\_  
PRINT name of attorney/non-attorney representative

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

DATED: \_\_\_\_\_

By: \_\_\_\_\_

Signature