

ILLINOIS LABOR RELATIONS BOARD

STATE PANEL: One Natural Resources Way, First Floor
Springfield, Illinois 62702-1270
(217) 785-3155 FAX: (217) 785-4146

LOCAL PANEL: 160 North LaSalle Street, Suite S-400
Chicago, Illinois 60601-3103
(312) 793-6400 FAX: (312) 793-6989

DO NOT WRITE IN THIS SPACE
CASE NUMBER
DATE FILED

REQUEST FOR APPOINTMENT OF COUNSEL

INSTRUCTIONS: In accordance with the Illinois Public Labor Relations Act, 5 ILCS 315 (2006), and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1220.105, the following information is required. Submit an original and one (1) copy of this charge to the Illinois Labor Relations Board. If more space is required for any item, attach additional sheet(s), numbering items accordingly. **State Panel cases (e.g., State of Illinois, municipal and county government) must be filed in Springfield; Local Panel cases (e.g., City of Chicago and Cook County government) must be filed in Chicago.**

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 5 ILCS 315 (2006). Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.

1.	NAME OF CHARGING PARTY	TELEPHONE NUMBER
		FAX NUMBER
	ADDRESS	E-MAIL
	JOB TITLE (at time of alleged unfair labor practice)	
2.	Have you already filed an unfair labor practice charge? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, the unfair labor practice charge must be filed simultaneously with this report.	
	If YES, when was the charge filed:	
	If YES, what is ILRB Case Number:	
3.	Attach an affidavit attesting to your inability to pay or inability to otherwise provide for adequate representation.	

I have read the above petition and all attachments. The statements contained therein are true to the best of my knowledge and belief.

NAME: _____

BY: _____
Signature of person filing petition

TITLE: _____

DATE: _____