ILLINOIS DEPARTMENT OF
HUMAN RIGHTS
APPEARANCE FORM

IN THE MATTER OF)
)
)
COMPLAINANT _____) CHARGE NUMBER: _____
)
AND) FEDERAL NUMBER (if applicable):
)
RESPONDENT _____) _____
)

APPEARANCE

_____ hereby enter the
(Name of law firm/attorney/non-attorney representative)

appearance of _____
(Name of Complainant or Respondent)

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

NAME: _____

FIRM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: * _____

My signature below verifies the accuracy of the information provided herein.

SIGNATURE: _____ DATE: _____

*By providing the above email address, I consent to service of all pleadings, orders, and other documents by the Department via electronic mail and understand that electronic service to this email address is deemed complete upon transmission.