



**City of Chicago**  
**COMMISSION ON HUMAN RELATIONS**  
 740 N. Sedgwick, 3rd Floor, Chicago, IL 60654  
 312/744-4111 (Voice), 312/744-1081 (Fax), 312/744-1088 (TDD)

IN THE MATTER OF:

\_\_\_\_\_  
**Complainant,**  
 v.

\_\_\_\_\_  
**Respondent(s).**

Case No.: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

**APPEARANCE OF ATTORNEY**

The undersigned enters an appearance as attorney for: ( ) Complainant/s ( ) Respondent/s

Name of Each Party Represented: \_\_\_\_\_

\_\_\_\_\_  
 This is a ( ) New or additional appearance ( ) Substitution (see Reg. 270.340 concerning withdrawal)

( ) I am not a member of the bar in the State of Illinois and I hereby request to be allowed to practice before the Commission pursuant to Regulation 270.330.

( ) I am a senior law student or graduate appearing pursuant to Illinois Supreme Court Rule 711. Pursuant to Reg. 270.320, my supervising attorney is filing an appearance at the same time, indicating the supervisory status.

Name of Attorney \_\_\_\_\_

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

Firm Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE CONCERNING SERVICE: **An attorney must serve his or her appearance** on the other party or parties, and upon the Hearing Officer if a hearing has been set. In addition, two copies must be filed with the Commission. See Regs. 270.210 and 270.220 concerning service and filing and Reg. 270.310 *et seq.* concerning appearances.

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**IN THE MATTER OF:**

\_\_\_\_\_  
**Complainant**

v.

\_\_\_\_\_  
**Respondent(s)**

Case Number \_\_\_\_\_

**NOTICE OF FILING & CERTIFICATE OF SERVICE**

**Document(s) filed**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of each party filing the document(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certificate of Service**

**I certify that I served a copy of the document(s) listed above on each person listed below, directed to the address or fax number stated below, by the following method of service:**

- \_\_\_ I put a copy in a U.S. mailbox with postage prepaid on \_\_\_\_\_ (date).
- \_\_\_ I sent a copy by fax at or about \_\_\_\_\_ (time) on \_\_\_\_\_ (date).
- \_\_\_ I personally delivered a copy on \_\_\_\_\_ (date).
- \_\_\_ Other delivery method and date: \_\_\_\_\_

**Name and delivery address of each person served**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature and contact information of the person causing service:**

Signature \_\_\_\_\_

Printed name, title, organization, address:

Date signed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

File original and one copy at **Chicago Commission on Human Relations**  
**740 N. Sedgwick, 3rd Floor, Chicago, IL 60654**  
Fax 312-744-1081, Phone 312-744-4111, TTY 312-744-1088