

STATE OF CONNECTICUT – CHRO Regional Offices

**APPEARANCE FORM – DISCRIMINATION CASE**

(Send to CHRO OFFICE WHERE THE CASE IS PENDING USING MAILING ADDRESSES BELOW)

CAPITOL REGION OFFICE  
450 Columbus Boulevard  
Hartford, CT 06103

WEST CENTRAL REGION OFFICE  
Rowland State Government Center  
55 West Main Street, Suite 210  
Waterbury, CT 06702-2004

SOUTHWEST REGION OFFICE  
350 Fairfield Avenue, 6<sup>th</sup> Floor  
Bridgeport, CT 06604

EASTERN REGION OFFICE  
100 Broadway  
Norwich, CT 06360

HOUSING COMPLAINTS  
Housing Discrimination Unit  
450 Columbus Boulevard  
Hartford, CT 06103

CASE NAME (First Named Complainant v. First Named Respondent)

\_\_\_\_\_ v. \_\_\_\_\_

Case No.
Juris No.

PLEASE ENTER THE APPEARANCE OF: \_\_\_\_\_

Name of Official, Firm, Professional Corp., Individual Atty., or Pro Se Party (See Pro Se Parties Notice below)

Mailing Address (No., Street, P.O. Box) \_\_\_\_\_

Tel. No.
Fax No.

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

In the above-entitled case for: (select one)

- The Complainant       All Complainants       The Respondent       All Respondents
- The following Complainants only: \_\_\_\_\_
- The following Respondents only: \_\_\_\_\_

Note: If counsel has already appeared for the party or parties indicated above, state whether this appearance is:

- No other counsel has appeared for the party or parties indicated above.
- In lieu of appearance of the following named attorney or firm already on file:
- In addition to appearance already on file.
- I am appearing *pro hac vice* and have permission from superior court to appear in this matter. (Attach the court's permission to this appearance)(Requirement effective as of January 1, 2017.)

<u>Signature</u> (Individual attorney or pro se party)	<u>Name of Person</u> Signing at Left (Print or Type)	<u>Date Signed</u>
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**CERTIFICATION**

**I hereby certify that a copy of the above was mailed/delivered to:**

- All counsel, including Commission counsel and pro se parties of record.
- Counsel or the party who appearance is to be replaced (For "in lieu of" appearances)

\_\_\_\_\_  
**Signature** (Individual attorney or pro se party)      Date Copies Mailed/Delivered

**List below the name of each party served and the address at which service was made (attach additional sheet if necessary)**

\*Notice to Pro Se Parties – A pro se party represents himself or herself. It is your responsibility to inform the CHRO if any of your contact information, including your address, changes.