

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  
999 Asylum Avenue, Second Floor  
Hartford, CT 06105

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

SOUTHWEST REGION OFFICE  
350 Fairfield Avenue, 6th Floor  
Bridgeport, CT 06604

EASTERN REGION OFFICE  
100 Broadway  
Norwich, CT 06360

**ALL Housing Complaints:**  
HOUSING DISCRIMINATION UNIT  
25 Sigourney Street, 7<sup>th</sup> Floor  
Hartford, CT 06106

CASE NAME - (FIRST-NAMED COMPLAINANT vs. FIRST-NAMED RESPONDENT):

CASE No.
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v.

**PLEASE ENTER THE APPEARANCE OF:**

Name Of Official, Firm, Professional Corp., Individual Atty., or Pro Se Party (See "Notice to Pro Se Parties" at bottom.)\*

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

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

Email \_\_\_\_\_

Juris No. if applicable
Tel. No.
Fax No.

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

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

**Note:** If other counsel have 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.

<u>Signature</u> (Individual attorney or pro se party)	<u>Name Of Person Signing At Left</u> (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 whose 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.**