

STATE OF CONNECTICUT  
Commission on Human Rights and Opportunities  
Office of Public Hearings

**APPEARANCE WITHDRAWAL**

<u>CASE NO. CHRO No.</u>
--------------------------

NAME OF CASE (FIRST-NAMED COMPLAINANT vs. FIRST-NAMED RESPONDENT)  
CHRO *ex rel.* \_\_\_\_\_ v. \_\_\_\_\_

MAIL TO:  
CHRO – Office of Public Hearings, 450 Capitol Ave., 2<sup>nd</sup> Floor, Hartford, CT 06106

**PLEASE ENTER THE APPEARANCE WITHDRAWAL OF:**

Name Of Official, Firm, Professional Corp., Individual Atty., Or Pro Se Party (See "Notice to Pro Se Parties" at end of form)  
Mailing Address (No., Street, P.O. Box) \_\_\_\_\_

	<u>Juris No. (If applicable)</u>
City/Town _____ State _____ Zip Code _____	<u>Telephone No.</u>
	<u>Fax No.</u>
	<u>E-mail Address:</u>

**In the above-entitled case for:** ("X" one of the following)

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

<u>Signed</u> (Individual attorney or pro se party) <b>X</b>	<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:**

- Client, counsel and pro se parties of record.\*

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

**X**  
Name of Each Party Served\* \_\_\_\_\_ Address at which Service was Made. \_\_\_\_\_

\* If necessary, attach additional sheet with names of each party served and the address at which service was made.

**Notice To Pro Se Parties**

**Upon the withdrawal of your attorney's appearance, you are a pro se party. A pro se party is a person who represents himself or herself. It is your responsibility comply with all requirements and to inform the Office of Public Hearings if you have a change of address.**