

STATE OF CONNECTICUT
Office of Public Hearings

APPEARANCE WITHDRAWAL

| |
|---------------------------|
| CASE NO. OPH/WBR _____ |
|---------------------------|

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

v.

MAIL TO:

Office of Public Hearings, c/o Commission on Human Rights and Opportunities, 450 Capitol Ave., 2nd 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)

City/Town State Zip Code

| |
|---------------------------|
| Juris No. (If applicable) |
| Telephone No. |
| Fax No. |
| E-mail Address: |

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: _____

| Signed (Individual attorney or pro se party) | Name Of Person Signing At Left (Print or Type) | Date Signed |
|--|--|-------------|
| X | | |

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.