

**COUNTY OF CUYAHOGA  
COMMISSION ON HUMAN RIGHTS**

IN THE MATTER OF

\_\_\_\_\_ )  
 )  
COMPLAINANT, )  
 )  
AND ) Case No. \_\_\_\_\_  
 )  
\_\_\_\_\_ )  
RESPONDENT. )

**APPEARANCE OF ATTORNEY**

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

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

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 Cuyahoga County Commission on Human Rights.

**COUNTY OF CUYAHOGA  
COMMISSION ON HUMAN RIGHTS**

IN THE MATTER OF

\_\_\_\_\_  
COMPLAINANT,

AND

\_\_\_\_\_  
RESPONDENT.

)  
)  
)  
)  
)  
)  
)  
)  
)

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

**CERTIFICATE OF SERVICE**

I certify that I served a copy of the

\_\_\_\_\_

in the above-captioned case on \_\_\_\_\_ (date), using the following method of service:

- I deposited the material in a U.S. Postal Service mailbox, to the name/s and address/es listed below.
- I sent the material by facsimile to the name/s and telephone number/s listed below
- I personally served the material as follows:

\_\_\_\_\_

Name and title of individual causing service: \_\_\_\_\_

Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

Names, addresses, and facsimile numbers (if applicable) to which service was directed:

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