

**COUNTY OF CUYAHOGA
COMMISSION ON HUMAN RIGHTS**

IN THE MATTER OF

_____)
)
COMPLAINANT,)
)
AND)
)
_____)
RESPONDENT.)

Case No. _____

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.

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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:

