

State Of Illinois, Department Of Labor 160 North Lasalle Street, Suite C-1300 Chicago, Illinois 60601 DOL.Hearings@illinois.gov

Entry Of Appearance Case Number _____

l,	, an attorney, hereby enter my appearance
on behalf of	in the above referenced case. I further agree to accept
service of all documents on behalf of	in this matter.
Name	
Firm Name	
Firm Address	
Phone Number	
Email Address	
I agree to accept service of all documents in this matt	er by electronic mail at the e-mail address set forth above. By accepting and
submitting this form, I affirm and certify that all inform	ation provided and the statements made herein are true, correct, and complete.
Signature	

Date _____