## STATE OF ILLINOIS DEPARTMENT OF LABOR

IN THE MATTER OF		)		
		)		
COMPLAINANT		) )		COMPLAINT NO.:
AND		)		
		)		
RESPONDENT		)		
		)		
	<u>A I</u>	PEA	R A N C E	
I,				, hereby enter the
(Name of law firm/attorney/non-attorney representative)				
appearance of(Name of Complainant or Respondent)				
		(Name of C	omplamant of Respondent	)
and our Appearance as their  Attorney  Non-attorney representative				
and request that copies of all notices and other documents be served upon the undersigned for				
said Party in lieu service upon the Party.				
PRINT name of attorney/no	n-attorney re	epresentative	-	
Firm Name (if applicable)				
Address			-	
			_	
City	State	Zip Code		
Telephone Number				x, I consent to service of all
			_ via electronic mail a	
Email Address			electronic service to deemed complete up	this Email Address is on transmission.
DATED:		By:		
			Si	gnature