

STATE OF ILLINOIS
DEPARTMENT OF LABOR

IN THE MATTER OF)
)
)
CLAIMANT)
)
AND)
)
)
RESPONDENT)

CLAIM NO.:

A P P E A R A N C E

I, _____, hereby enter the
(Name of law firm/attorney/non-attorney representative)

appearance of _____
(Name of Claimant or Respondent)

and our Appearance as their ^{Attorney} and request that copies of all Pleadings,
_{Non-attorney representative}
Orders, and other documents be served upon the undersigned for said Party in lieu service upon
the Party.

PRINT name of attorney/non-attorney representative

Firm Name (if applicable)

Address

City State Zip Code

Telephone Number

Email Address

By checking this box, I consent to service of all pleadings, orders, and other documents by the Department via electronic mail and understand that electronic service to this Email Address is deemed complete upon transmission.

DATED: _____

By: _____
Signature