**THE COMMONWEALTH OF MASSACHUSETTS**
**CIVIL SERVICE COMMISSION**
ONE ASHBURTON PLACE, ROOM 503
BOSTON, MA 02108
TELEPHONE: 617-727-2293
FACSIMILE: 617-727-7590
mass.gov/csc

# APPEARANCE FORM

*(To be completed at each appearance at the Civil Service Commission)*

_____
*Appellant *(person filing the appeal)*

_____
*Respondent
*(government agency against whom relief is sought)*

*Case No:_____

(* indicates required entry)

CHECK ONE:

_____ I am representing myself.

_____ I am appearing on behalf of the: Appellant / Respondent / Other (circle one)

- I agree to receive all official communication from the Civil Service Commission concerning this case using the contact information below.
- I acknowledge that all final decisions of the Commission will be sent to me <u>via email only at the email address provided below.</u>
- I will promptly notify the Commission if my contact information below changes in any respect. ***(Attorneys: In the event that I withdraw as counsel, I agree to: 1) notify my client, forthwith, of his / her responsibility to attend any hearings already scheduled before the Commission; and 2) provide the Commission with my client's current contact information, <u>including his/her email address</u>.***

_____
*Signature

Today's Date: _____

_____
*Name

_____
*Email Address

_____
Agency, Department, or Law Firm Name
(If Applicable)

_____
*Street or P.O. Box

_____
*City, State, Zip Code

_____
*Telephone Number

_____
Fax Number

<u>IMPORTANT</u>
- Commission decisions are sent to the parties <u>via email only</u>.
- While this appeal is pending, it is your responsibility to notify the Commission if your email address changes, by filing an updated Appearance Form.

1/1/15

Would you like to be added to the Commission's weekly email distribution list? (Circle One) YES NO ALREADY ON LIST