Attorney Appearance (Appeals)

State of Illinois
Department of Employment Security
Appeals Division
33 South State Street, 8th Floor
Chicago, Illinois 60603

Telephone: Chicago: 1-800-821-3550 Springfield: 1-800-423-2458
FAX: 1-312-793-1119 FAX: 1-217-524-7824

_____
(Date)

I, _____, hereby enter my appearance in the matter

of AR - _____, on behalf of _____

Please mail me a copy of the Referee's decision to (print address or attach business card):

_____

_____

_____

_____

Note to Clerical Staff:
Please mail a copy of the Notice of Hearing and/or Referee's decision in the above-referenced case to the attorney or other individual named above at the address indicated. You should mail this copy in addition to the copies you will mail to the parties.