**BEFORE THE INDIANA EDUCATION**

 **EMPLOYMENT RELATIONS BOARD**

(*Complainant*),

andCase Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Respondent).*

 **NOTICE OF APPEARANCE**

Comes now *(Attorney/ Representative/ Law Firm/ Individual)* and enters (*his/her/its*) appearance on behalf of (*Complainant/Respondent/Intervenor*), in the above-captioned case, and pursuant to 560 IAC 2-6-2 gives notice that (*Attorney/Representative /Individual*) will be the designated representative on which service may be made.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fax Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Attorney/Representative /Individual)* will [ ]  will not [ ] accept service via e-mail from other parties.

(*Attorney/Representative /Individual)* will [ ]  will not [ ] accept service via e-mail from IEERB.

(*Attorney/Representative /Individual)* will [ ]  will not [ ]  accept service via FAX from other parties

(*Attorney/Representative /Individual)* will [ ]  will not [ ]  accept service via FAX from IEERB

State Form 55625 (7-14)

**CERTIFICATE OF SERVICE**

I hereby certify that a true copy of the above has been duly served upon (*Name of opposing party*) by (*method of delivery)*, this (day) day of (month), (year).

*(Address of other parties)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Printed Name*

*Address*