



THE COMMONWEALTH OF MASSACHUSETTS
CIVIL SERVICE COMMISSION
100 CAMBRIDGE STREET, SUITE 200
BOSTON, MA 02114
TELEPHONE: 617-979-1900
FACSIMILE: 617-727-7590
mass.gov/csc

APPEARANCE FORM

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

| |
|--|
| <hr/> *Appellant <i>(person filing the appeal)</i> |
| <hr/> *Respondent <i>(government agency against whom relief is sought)</i> |

*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 via email only at the email address provided below.
- 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, including his/her email address.*

*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

IMPORTANT

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