

Commonwealth of the Northern Mariana Islands
Department of Labor
Administrative Hearing Office

In Re Matter of:)
)
)
_____,)
 Complainant,)
)
 v.)
)
_____,)
 Respondent.)
)

Case No. _____

NOTICE OF APPEARANCE

Pursuant to NMIAC § 80-20.1-450(n), please take notice that _____ shall serve as counsel or authorized representative for _____ in this matter.

Service of filings and orders may be executed at the following physical address, mailing address, fax number and/or e-mail address:

I authorize the following associate, representative, paralegal, or assistant to receive documents on my behalf:

Respectfully Submitted By (Print and Sign Name):

Date