

OAH Docket No. _____

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS

_____,
Complainant,
vs.
_____,
Respondent

NOTICE OF APPEARANCE

PLEASE TAKE NOTICE that the party named below will participate in the prehearing conference and subsequent proceedings in the above-entitled matter.

Name of Party: _____

Mailing Address: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Attorney: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Date: _____

Signature

NOTICE: This form must also be served upon the opposing party. Counsel may not withdraw from representation without written notice.

Please return this form to the Office of Administrative Hearings immediately. Our fax number is: 651-361-7878.