

**United States Department of Housing and Urban Development
Office of Hearings and Appeals
Attorney Appearance Form**

An original form must be completed and signed by each attorney appearing in a given case. Please type and sign each original form. This form must be returned to OHA within three business days of receipt, as indicated in the accompanying Order. ALL FIELDS MUST BE COMPLETED.

Docket Number:

Case Name: HUD v. _____
First Respondent Only if More than One

Representing: HUD RESP./PET. INTERVENOR
Name of Resp./Pet.(s)/Interv.(s)

Attorney Name:

Mailing Address:

Direct Telephone:

Main Office Telephone:
(or Alternate Telephone - May not be the same as Direct Telephone)

Fax:

Email:

Bar Number: _____ State: _____

Assistant Name:
(or Alternate Contact- May not be the same as Co-Counsel)

Assistant Telephone:
(or Alternate Contact Telephone)

Is this attorney Lead Counsel? (Only One Per Party) Yes No

I hereby certify that I have read the applicable rules of procedure and that I am familiar with the rules of this Court.

Respectfully Submitted,

Date: _____