

**PRAECIPE FOR APPEARANCE**

**TO: State Civil Service Commission  
Legal Services Office  
320 Market Street, 4th Floor  
P.O. Box 569  
Harrisburg, PA 17108-0569**

\_\_\_\_\_  
**DATE SUBMITTED**

**PLEASE ENTER MY APPEARANCE IN THE FOLLOWING APPEAL:**

**APPELLANT'S NAME:** \_\_\_\_\_  
(PLEASE PRINT)

**APPEAL NO.:** \_\_\_\_\_

☐ **APPOINTING AUTHORITY**

**I WILL REPRESENT:** ☐ **APPELLANT**

☐ **OTHER**

**ATTORNEY'S NAME:** \_\_\_\_\_  
(PLEASE PRINT)

**ATTORNEY'S ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTORNEY'S E-MAIL:** \_\_\_\_\_

**ATTORNEY'S PHONE NO.:** (\_\_\_\_) \_\_\_\_\_

**ATTORNEY'S FAX NO.:** (\_\_\_\_) \_\_\_\_\_

**COMMONWEALTH OF PA  
ATTORNEY'S I.D. NO.:** \_\_\_\_\_

**ATTORNEY'S SIGNATURE:** \_\_\_\_\_