

# ILLINOIS LABOR RELATIONS BOARD

**STATE PANEL:** One Natural Resources Way, First Floor  
Springfield, Illinois 62702-1270  
(217) 785-3155 FAX: (217) 785-4146

**LOCAL PANEL:** 160 North LaSalle Street, Suite S-400  
Chicago, Illinois 60601-3103  
(312) 793-6400 FAX: (312) 793-6989

<b>DO NOT WRITE IN THIS SPACE</b>
CASE NUMBER
DATE FILED

## REQUEST FOR APPOINTMENT OF COUNSEL

**INSTRUCTIONS:** In accordance with the Illinois Public Labor Relations Act, 5 ILCS 315 (2006), and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1220.105, the following information is required. Submit an original and one (1) copy of this charge to the Illinois Labor Relations Board. If more space is required for any item, attach additional sheet(s), numbering items accordingly. **State Panel cases (e.g., State of Illinois, municipal and county government) must be filed in Springfield; Local Panel cases (e.g., City of Chicago and Cook County government) must be filed in Chicago.**

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 5 ILCS 315 (2006). Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.

<b>1.</b>	<b>NAME OF CHARGING PARTY</b>	<b>TELEPHONE NUMBER</b>
		<b>FAX NUMBER</b>
	<b>ADDRESS</b>	<b>E-MAIL</b>
	<b>JOB TITLE</b> (at time of alleged unfair labor practice)	
<b>2.</b>	<b>Have you already filed an unfair labor practice charge?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, the unfair labor practice charge must be filed simultaneously with this report.	
	<b>If YES, when was the charge filed:</b>	
	<b>If YES, what is ILRB Case Number:</b>	
<b>3.</b>	<b>Attach an affidavit attesting to your inability to pay or inability to otherwise provide for adequate representation.</b>	

I have read the above petition and all attachments. The statements contained therein are true to the best of my knowledge and belief.

NAME: \_\_\_\_\_

BY: \_\_\_\_\_  
Signature of person filing petition

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_