

<p><b>COUNTY OF SAN BERNARDINO CIVIL SERVICE COMMISSION</b>          175 W. Fifth Street, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0410          (909) 387-5862 • (909) 387-5863 Fax          Email: <a href="mailto:CivilSvcCommission@sbcounty.gov">CivilSvcCommission@sbcounty.gov</a></p>	<p>FOR COMMISSION USE ONLY</p>	
<p>CASE NAME:</p>		<p>CASE FILE #</p>
<p><b>CHANGE OR SUBSTITUTION OF REPRESENTATION TRACKING FORM</b></p>		

THE COMMISSION AND PARTIES ARE NOTIFIED THAT (name): \_\_\_\_\_ makes the following:

**CHANGE IN REPRESENTATION**      (click on box to make section)

1.  **Additional Representation**       **Withdrawal of Representation**

2.  **Attorney**       **Human Resources Officer**       **Union Representative**       **Party is Representing Self**

a. Name: \_\_\_\_\_

b. State Bar No. (if applicable): \_\_\_\_\_

c. Address (number, street, city, zip and law firm name, if applicable): \_\_\_\_\_

d. Telephone No. (include area code): \_\_\_\_\_

e. E-Mail Address: \_\_\_\_\_

3. The party submitting this form is for the     **Appellant**       **Respondent**

\_\_\_\_\_      \_\_\_\_\_      ►      \_\_\_\_\_

(TYPE OR PRINT NAME)      (DATE)      (SIGNATURE)

**SUBSTITUTION OF REPRESENTATION**      (click on box to make section)

1. **Former Representative**     **Attorney**       **Human Resources Officer**       **Union Representative**       **Party is Representing Self**

a. Name: \_\_\_\_\_

2. **New Representative**       **Attorney**       **Human Resources Officer**       **Union Representative**       **Party is Representing Self**

a. Name: \_\_\_\_\_

b. State Bar No. (if applicable): \_\_\_\_\_

c. Address (number, street, city, zip and law firm name, if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Telephone No. (include area code): \_\_\_\_\_

e. E-Mail Address: \_\_\_\_\_

3. The party submitting this form is for the     **Appellant**       **Respondent**

\_\_\_\_\_      \_\_\_\_\_      ►      \_\_\_\_\_

(TYPE OR PRINT NAME)      (DATE)      (SIGNATURE)