	FOR COMMISSION USE ONLY
COUNTY OF SAN BERNARDINO CIVIL SERVICE COMMISSION 175 W. Fifth Street, 2nd Floor, San Bernardino, CA 92415-0410 (909) 387-5862 • (909) 287-5863 Fax Email: CivilSvcCommission@sbcounty.gov	
CASE NAME:	CASE FILE #

CHANGE OR SUBSTITUTION OF REPRESENTATION TRACKING FORM

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

CHANGE IN REPRESENTATION

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

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)