

# EMPLOYEE/ATTORNEY INFORMATION



Office of the  
Secretary of State  
**DEPARTMENT OF  
ADMINISTRATIVE HEARINGS**

Additional forms may be obtained at  
[www.cyberdriveillinois.com](http://www.cyberdriveillinois.com)

## EMPLOYMENT INFORMATION

The following information concerning your employment, if any, is required for your hearing. Please complete this form prior to your hearing.

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

## APPEARANCE BY ATTORNEY

Petitioner: \_\_\_\_\_

Attorney: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Attorney's Phone Number: \_\_\_\_\_

## INTERESTED PARTY

Interested Party: \_\_\_\_\_

Attorney: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Attorney's Phone Number: \_\_\_\_\_