

**LAKE COUNTY STANDARDS OF CONDUCT PUBLIC HEARING
APPEARANCE FORM**

Designation of Legal Counsel

By signing this form, you indicate that you have voluntarily chosen the attorney designated below to serve as your legal counsel and/or appear your behalf in this Standards of Conduct public hearing. The attorney designated by you must also indicate agreement to such designation by signing below. Either named party in the complaint can choose to have counsel represent them at the public hearing. You are not required to do so.

I hereby designate _____ to serve as my legal counsel during the course of this SOC public hearing.

Name of Individual

Date

Signature of Individual

Private Attorney

Name of Legal Counsel

Date

Signature of Legal Counsel

Telephone Number: _____

Email Address: _____

Address: _____