

,	OAL DKT. NO.:	
Petitioner,	AGENCY DKT. NO.: NOTICE OF APPEARANCE/APPLICATION SPECIAL EDUCATION HEARINGS	
V.		
Respondent.		
TO: ALJ		
I,	, hereby apply to represen	
	in the above-captioned case, pursuant to	
N.J.A.C. 1:1-5.4(b), 20 U.S.C. § 1415(h submit the following information in suppo	n), 34 <i>C.F.R.</i> § 300.512(a) and <i>N.J.A.C.</i> 1:6A-5.1(b). ort of my application.	
their education needs:	edge or training with respect to handicapped pupils and	
2. My Address:		
Phone Number:		
E-Mail Address:		
Fax Number:		

3.	l am not a su	spended or	disbarred	attornev.

4. I am not receiving a fee for the appearance.

I have served a copy of this application on all other parties to the case.

I agree that if permitted to appear in this matter I am subject to the Uniform Administrative Procedure Rules and I must adhere to appropriate standards of conduct as set forth in *N.J.A.C.* 1:1-5.5(g). Further, I understand that it is my responsibility to give my client notice of any scheduled proceeding.

notice of any scheduled proceeding.			
I hereby certify that the above information is true and accurate.			
DATE	SIGNATURE		