

·,	OAL DKT. NO.:		
Petitioner,	AGENCY DKT. NO.:		
V.	NOTICE OF		
APPEARANCE/APPLICATION			
Respondent.	SPECIAL EDUCATION HEARINGS		
TO: ALJ			
l,	, hereby apply to represen		
	in the above-captioned case, pursuant to		
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		