



State of Ohio  
State Employment Relations Board  
65 East State Street, 12<sup>th</sup> Floor  
Columbus, Ohio 43215-4213  
(614) 644-8573

Case No.

## NOTICE OF APPEARANCE

**TO ALL REPRESENTATIVES – INCLUDING PARTIES REPRESENTING THEMSELVES.** The **Notice of Appearance** must be completed. This document is to be sent to SERB and the other party electronically in read only format. A party lacking the capability for electronic service may file a motion for relief from electronic filing requirements pursuant to OAC 4117-1-02 (F). **ANY SUBSTITUTION OF REPRESENTATIVES REQUIRES A NEW FILING OF THIS FORM.**

In the Matter of \_\_\_\_\_

And/v. \_\_\_\_\_

During the processing of this matter, \_\_\_\_\_  
(Name of party to be represented)  
will be represented by the following person:

(Name)

(Title, if applicable)

(Firm, if applicable)

(Address)

(City, State, Zip)

( )

(Telephone)

(E-mail)

**THIS NOTICE OF APPEARANCE WILL NOT BE ACCEPTED FOR FILING IF THE PROOF OF SERVICE IS NOT FULLY COMPLETED.**

### PROOF OF ELECTRONIC SERVICE

I certify that an exact copy of the foregoing Notice of Appearance has been sent electronically to:

(Name, complete address and email address of other party[ies] to action)

this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

Signature of Person Confirming Service of Form

Print or Type Name

# State Employment Relations Board

## Instructions for completing the Notice of Appearance (NOA) Form

### Line: Information Requested

**Case Number** – Write the Case Number in the top right corner of the form. (if known).

- 1 **In the Matter of** - Fill in complete name of the party filing the action.
- 2 **And/v.** - Fill in the complete name of the party being charged or the other party in the case.
- 3 **During the processing of this matter** - Fill in complete name of the party being represented, even if you have filed the action.
- 4 **Will be represented by the following person:** - Fill in the complete name, firm or organization (if applicable), complete address, telephone number & email address of the representative.
- 5 **Proof of Service** – Complete name, address, and email address of the other party/parties to the action, the day/month/year you sent it and the electronic signature of the person filing the Notice of Appearance.

### COMPLETION CHECKLIST

#### Did you remember to:

- ✓ Write the case number in the Case Number Box in the top right-hand corner (If known).
- ✓ Provide the complete names of the parties in the action.
- ✓ Provide the complete contact information for the representative filing the Notice of Appearance, including an email address.
- ✓ Complete all the information in the Proof of Service Box and provide an electronic signature on the last line.
- ✓ Mail the original form to SERB at the address listed on the form or electronically send the form to the appropriate section's email address listed below:

Mediation Section:

[MED@SERB.ohio.gov](mailto:MED@SERB.ohio.gov)

Representation Section:

[REP@SERB.ohio.gov](mailto:REP@SERB.ohio.gov)

Unfair Labor Practice Section:

[ULP@SERB.ohio.gov](mailto:ULP@SERB.ohio.gov)