



State of Ohio
State Employment Relations Board
65 East State Street, 12th 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

Representation Section:

REP@SERB.ohio.gov

Unfair Labor Practice Section:

ULP@SERB.ohio.gov