

GOVERNMENT OF THE DISTRICT OF COLUMBIA
COMMISSION ON HUMAN RIGHTS * OFFICE OF HUMAN RIGHTS



Email: Commission.COHR@dc.gov

Complainant,

v.

Respondent.

Docket No:

CERTIFICATE REGARDING DISCOVERY

I certify that the following is a complete list of all discovery that has occurred to date:

I further certify that:

- (1) I will retain the original of these documents without alteration:
- (2) I will retain, in their original and unaltered form, any deposition transcripts that have been made at my request, until this case is concluded, the time for noting an appeal has expired, any such appeal has been decided.

Signature of Attorney

Typed Name (unrepresented party)

Typed Name of Attorney

Signature

Address

_ Address

City State Zip Code

_ City State Zip Code

Bar Number

Date: _____

DO NOT FILE DISCOVERY DOCUMENTS WITH THIS FORM.

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CERTIFICATE OF SERVICE

You must send copies of any papers you file at the Commission or Office to the other parties. By signing this form, you are stating that you sent copies and how they were sent. Attach this certificate of service to anything you file.

I certify that a copy of this document was sent to the parties named below on _____
(date)

By Email:

(Name of Party)

(Name of Party)

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Or By Mail Hand Delivery at the following addresses:

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