



Office of Congressional Workplace Rights Notice of Designation of Representative

Please print or type the following information.

Employee Name: _____

Employing Office: _____

Case Number: _____

A party wishing to be represented by another individual, firm, or other entity must file with the OCWR a written Notice of Designation of Representative. No more than one representative, firm, or other entity may be designated as a representative for a party for the purpose of receiving service, unless approved in writing by the Hearing Officer or the OCWR Executive Director. The representative may, but is not required, to be an attorney. If the representative is an attorney, he or she may sign the Notice of Designation of Representative on behalf of the party.

The listed individual shall remain on file as the designated representative unless or until the represented party or the representative, with notice to the party, notifies the OCWR Executive Director in writing that this designation is modified or revoked. All service of documents shall be sent to the designated representative unless or until such time as the represented party or representative, with notice to the party, specifies otherwise and notifies the OCWR Executive Director of amendment, modification, or revocation of the designation of representative. When a designation of representative is in effect, all time limitation of receipt of materials by the represented party shall be computed in the same manner as for unrepresented parties with service of the documents, however, sent to the representative, as provided above.

This form must be either e-filed (<https://socrates.ocwr.gov>), emailed (OCWRrefile@ocwr.gov), faxed (202-426-1913), or hand-delivered to: John Adams Building, 110 Second Street, SE, Room LA-200, Washington, DC 20540-1999.



I hereby designate the following as my representative in connection with the above-captioned matter:

Name of Representative or Law Firm: _____

If a law firm, list the name(s) of the representative(s): _____

Mailing Address of Representative: _____

Telephone: _____ Ext: _____

Fax: _____ Email: _____

Is this representative an attorney? Yes No

Name of person making designation: _____

Signature: _____ Date: _____