APPEARANCE
STATE OF CONNECTICUT
FREEDOM OF INFORMATION COMMISSION

Rev 6/1/2021

INSTRUCTIONS

1 *Type or print legibly*
2 *File only the original with the Clerk of the Commission, Freedom of Information Commission, 165 Capitol Avenue, Suite 1100, Hartford, CT 06106. E-Mail FOI@ct.gov*
3. *Mail or deliver a copy to the attorney or pro se party and complete the certification below*
4. ***For Appearance in place of (in-lieu-of) another attorney, law firm, or self-represented party:*** *Complete the certification below*

TO: The Freedom of Information Commission

DOCKET FIC NO	DATE
2024-0683	12/18/2024

NAME OF CASE *(FIRST-NAMED COMPLAINANT V FIRST-NAMED RESPONDENT)*
DAVID MEDEIROS v COMMISSIONER, STATE OF CT, DEPT OF LABOR & STATE OF CT, DEPT OF LABOR

PLEASE ENTER THE APPEARANCE OF:

NAME OF OFFICIAL, FIRM PROFESSIONAL CORPORATION, OR INDIVIDUAL ATTORNEY
Krista D O'Brien, Assistant Attorney General

MAILING ADDRESS (No , Street, P O Box)				TELEPHONE NUMBER (Area code first)
165 Capitol Ave, 4th Fl				860-808-5050
CITY/TOWN	**STATE**	**ZIP CODE**	**FAX NUMBER (Area code first)**	**E-MAIL ADDRESS**
Hartford	CT	06106	860-808-5388	krista.obrien@ct.gov

in the above-entitled case for: *("X" one of the following)*

- ☐ The Complainant
- ☐ All Complainants
- ☐ The following Complainant(s) only _____
- ☐ The Respondent
- ☑ All Respondents
- ☐ The following Respondent(s) only _____
- ☐ Intervener _____

Note If other counsel or a pro se party have already appeared for the party or parties indicated above, state whether this appearance is

- ☐ *In lieu of appearance of attorney or firm or pro se party (Name)* _____ ***(Name)*** *already on file* ***OR***
- ☐ *In addition to appearance already on file*

CERTIFICATION

This certification must be completed for "in lieu of" appearances

SIGNED *(Individual attorney or pro se party)*	NAME OF PERSON SIGNING AT LEFT *(Print or Type)*	DATE SIGNED
X		

I hereby certify that a copy of the above was mailed or delivered to:

- ☐ All counsel and pro se parties of record as listed below and on any additional sheet(s)
- ☐ Counsel or the party whose appearance is to be replaced as listed below and on additional sheet(s)

SIGNED *(Individual attorney or pro se party)*	DATE COPY(IES) MAILED OR DELIVERED
X Krista D. O'Brien, AAG	12/18/2024

NAME OF EACH PARTY SERVED *	ADDRESS AT WHICH SERVICE WAS MADE
David Madeiros	MuckRock News, Dept MR 174582, 263 Huntington Ave Boston, MA 021

*If necessary, attach an additional sheet or sheets with the name(s) of each party served and the address at which service was made.

OFFICE OF THE ATTORNEY GENERAL
CONNECTICUT

KRISTA D. O'BRIEN
DEPUTY SECTION CHIEF OF LABOR RELATIONS

Phone: (860) 808-5050

December 18, 2024

VIA EMAIL: stephanie.tessmer@ct.gov

Stephanie Tessmer
Acting Clerk of the Commission
165 Capitol Avenue, Suite 1100
Hartford, CT 06106

RE: David Medeiros v. Commissioner, State of CT, Department of Labor; and State of CT, Department of Labor.
Docket No. FIC 2024-0683

Dear Ms. Tessmer:

Pursuant to Regs., Conn. State Agencies, §1-21j-34a(a), the Respondents hereby respectfully request that any hearing scheduled in the above-captioned matter not be scheduled on the following dates: January 2, 3, 7, 10, 21, 22; February 3-21 (the undersigned has an appellate matter listed for the court's 5th Term); March 10-14; April 14-17, 21; May 8, 9, 12, 13, 27, 28.

Thank you.

Very truly yours,

/s/ Krista D. O'Brien
Krista D. O'Brien
Assistant Attorney General

KDO/bp

c David Madeiros 174582-74886687@requests.muckrock.com