## FORM FOR APPEARANCE OF COUNSEL

Only attorneys admitted to the Bar of this Court may sign this form and practice before the Court. Each attorney representing the interests of a party must complete a separate form. (COMPLETE ENTIRE FORM).

	NO						
			VS.				
(Plaintiff) The Clerk will enter my appearance as Counsel for:				(D	Defendant)	endant)	
	(Pleas	e list names o	f all parties rep	presented)			
who IN THIS COURT is (use mouse to select one) Appe			titioner(s)	Respondent(s) Amicus Curiae Appellee(s) Intervenor			
I certify that I ar	n a member of the Bar of the Fifth Circuit Co	ourt of Appeal	s, or am apply	ing by completing an adr	mission form		
(Signature)			(E-Mail Address)				
(Type or print name)			XXX-XX(Social Security Number-Last 4 Digits)				
	(Title, If Any)				t State/Bar No.)		
	(Firm or Organization)		Date of B	irth	Sex:	<b>П</b> м <b>П</b> н	
Street Address				Suite			
A. Name of any B. Inquiry of Co	y Circuit Judge of the Fifth Circuit who parti- unsel	cipated in this	case in the dis	strict or bankruptcy court	t.		
To your l	knowledge:						
(1)	Is there any case now pending in this court, which		same, substantia	ally the same, similar or rela	ted issue(s)?		
		res 🔲		No 🗖			
(2)	Is there any such case now pending in a District to the Fifth Circuit?		n this Circuit, or		ntive Agency which wou	lld likely be appeal	
(3)	Is there any case such as (1) or (2) in which judgn	_	s been entered an	d the case is on its way to thi	s Court by appeal, petiti	on to enforce, revie	
	deny?	zes □		No 🗖			
(4)	Does this case qualify for calendaring priority un						
If answer to (1), or	(2), or (3), is yes, please give detailed information	n.					
Number and Style	of Related Case						
Name of Court or	Agency						
Status of Appeal (	if any)						
Other Status (if no	t appealed)						

NOTE: Attach sheet to give further details.