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:			(Defendant)				
	(Pleas	e list names of	all parties repre	esented)			
who IN THIS COURT is (use mouse to select one) Appe			tioner(s)	Respondent(s) Amicus Curiae Appellee(s) Intervenor			
I certify that I an	n a member of the Bar of the Fifth Circuit Co	ourt of Appeals	, or am applying	g by completing an adm	nission form		
(Signature)			(E-Mail Address)				
(Type or print name)			(Social Security No.)				
	(Title, If Any)			(Resident	State/Bar No.)		
	(Firm or Organization)		Date of Birt	th	Sex:	□ M □ F	
Street Address_				Suite			
City & State	z	Zip	Tel. w/AC Fax w/AC				
B. Inquiry of Co		cipated in this	case in the distr	ict or bankruptcy court			
•	knowledge:						
(1)	Is there any case now pending in this court, which		•	_	ed issue(s)?		
(2)		Yes Grant (i) mid-in		o U	4: A	14 19-1-1-1-	
(2)	Is there any such case now pending in a District to the Fifth Circuit?		N		tive Agency which woul	d likely be appeare	
(3)	Is there any case such as (1) or (2) in which judgm	nent or order has	been entered and t	he case is on its way to this	Court by appeal, petitic	on to enforce, review	
	deny?	es □	N	。 口			
(4)	Does this case qualify for calendaring priority under 5TH CIR. R. 47.7? If so, cite type of case:						
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.