

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. _____

(Plaintiff) vs. _____
(Defendant)
The Clerk will enter my appearance as Counsel for _____

(Please list names of all parties represented, attach additional pages if necessary.)
The party(s) I represent IN THIS COURT Petitioner(s) Respondent(s) Amicus Curiae

Appellant(s) Appellee(s) Intervenor

I certify that the contact information below is current and identical to that listed in my Appellate Filer Account with PACER.

(Signature) _____
(e-mail address)

(Type or print name) _____
(Last 4 of Social Security Number)

(Title, if any) _____
(Resident State/Bar No.)

(Firm or Organization) _____ Sex: Male Female
Date of Birth

Address _____ Suite _____

City & State _____ Zip _____

Primary Tel. _____ Cell Phone: _____

NOTE: When more than one attorney represents a single party or group of parties, counsel should designate a lead counsel. In the event the court determines oral argument is necessary, lead counsel **only** will receive via e-mail a copy of the court's docket and acknowledgment form. All other counsel of record will be required to monitor the court's website for the posting of oral argument calendars.

Name of Lead Counsel: _____

A. Name of any Circuit Judge of the Fifth Circuit who participated in this case in the district or bankruptcy court. _____

B. Inquiry of Counsel. To your knowledge:

(1) Is there any case now pending in this court, which involves the same, substantially the same, similar or related issue(s)?
Yes No

(2) Is there any such case now pending in a District Court (i) within this Circuit, or (ii) in a Federal Administrative Agency which would likely be appealed to the Fifth Circuit?
Yes No

(3) Is there any case such as (1) or (2) in which judgment or order has been entered and the case is on its way to this Court by appeal, petition to enforce, review, deny?
Yes No

(4) Does this case qualify for calendaring priority under 5th Cir. R. 47.7? If so, cite the type of case _____
If answer to (1), or (2), or (3), is yes, please give detailed information.

Number and Style of Related Case _____

Name of Court or Agency _____

Status of Appeal (if any) _____

Other Status (if not appealed) _____

NOTE: Attach sheet to give further details. DKT-5A