

**UNITED STATES COURT OF APPEALS FOR THE ELEVENTH CIRCUIT
Appearance of Counsel Form**

Attorneys who wish to participate in an appeal must be properly admitted either to the bar of this court or for the particular proceeding pursuant to 11th Cir. R. 46-1, et seq. An attorney not yet properly admitted must file an appropriate application. In addition, all attorneys (except court-appointed counsel) who wish to participate in an appeal must file an appearance form within fourteen (14) days after notice is mailed by the clerk, or upon filing a motion or brief, whichever occurs first. Application forms and appearance forms are available at www.ca11.uscourts.gov.

Please Type or Print

Court of Appeals No. _____

_____ vs. _____

The Clerk will enter my appearance for these named parties or amici curiae (you must list all parties or amici; use extra pages if necessary):

These individuals/entities are:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> appellant(s) | <input type="checkbox"/> petitioner(s) | <input type="checkbox"/> intervenor(s) |
| <input type="checkbox"/> appellee(s) | <input type="checkbox"/> respondent(s) | <input type="checkbox"/> amicus curiae |

The following related or similar cases are pending in this court:

Check here if you are lead counsel.

I hereby certify that I am an active member in good standing of the state bar or the bar of the highest court of the state (including the District of Columbia) named below, and that my license to practice law in the named state is not currently lapsed for any reason, including but not limited to retirement, placement in inactive status, failure to pay bar membership fees or failure to complete continuing education requirements. I understand that I am required to notify the Clerk of this court within 14 days of any changes in the status of my state bar memberships. *See* 11th Cir. R. 46-7.

State Bar: _____ State Bar No.: _____

Signature: _____

Name (type or print): _____ Phone: _____

Firm/Govt. Office: _____ E-mail: _____

Street Address: _____ Fax: _____

City: _____ State: _____ Zip: _____