

Short Title: _____ Docket No.: _____

Substitute, Additional, or Amicus Counsel's Contact Information is as follows:

Name: _____

Firm: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Appearance for: _____

(party/designation)

Select One:

Substitute counsel (replacing lead counsel: _____)
(name/firm)

Substitute counsel (replacing other counsel: _____)
(name/firm)

Additional counsel (co-counsel with: _____)
(name/firm)

Amicus (in support of: _____)
(party/designation)

CERTIFICATION

I certify that:

I am admitted to practice in this Court and, if required by Interim Local Rule 46.1(a)(2), have renewed
my admission on _____ OR

I applied for admission on _____.

Signature of Counsel: _____

Type or Print Name: _____