

UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT

Thurgood Marshall U.S. Courthouse 40 Foley Square, New York, NY 10007 Telephone: 212-857-8500

MOTION INFORMATION STATEMENT

Docket Number(s): \_\_\_\_\_ Caption [use short title] \_\_\_\_\_

Motion for: \_\_\_\_\_

Set forth below precise, complete statement of relief sought:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MOVING PARTY: \_\_\_\_\_ OPPOSING PARTY: \_\_\_\_\_

- Plaintiff  Defendant
- Appellant/Petitioner  Appellee/Respondent

MOVING ATTORNEY: \_\_\_\_\_ OPPOSING ATTORNEY: \_\_\_\_\_

[name of attorney, with firm, address, phone number and e-mail]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Court-Judge/Agency appealed from: \_\_\_\_\_

Please check appropriate boxes:

Has movant notified opposing counsel (required by Local Rule 27.1):  
 Yes  No (explain): \_\_\_\_\_

Opposing counsel's position on motion:  
 Unopposed  Opposed  Don't Know

Does opposing counsel intend to file a response:  
 Yes  No  Don't Know

Is oral argument on motion requested?  Yes  No (requests for oral argument will not necessarily be granted)

Has argument date of appeal been set?  Yes  No If yes, enter date: \_\_\_\_\_

Signature of Moving Attorney: \_\_\_\_\_ Date: \_\_\_\_\_ Service by:  CM/ECF  Other [Attach proof of service]

ORDER

IT IS HEREBY ORDERED THAT the motion is GRANTED DENIED.

FOR THE COURT:  
CATHERINE O'HAGAN WOLFE, Clerk of Court

Date: \_\_\_\_\_ By: \_\_\_\_\_