

UNITED STATES COURT OF APPEALS  
FOR THE SIXTH CIRCUIT

**Appearance of Counsel**

Appeal No.: \_\_\_\_\_

Case Title: \_\_\_\_\_ vs. \_\_\_\_\_

List all clients you represent in this appeal:

Appellant

Petitioner

Amicus Curiae

Criminal Justice Act

Appellee

Respondent

Intervenor

(Appointed)

Check if a party is represented by more than one attorney.

Check if you are lead counsel.

**If you are substituting for another counsel, include that attorney's name here:**

\_\_\_\_\_

By filing this form, I certify my admission and/or eligibility to file in this court.

Attorney Name: \_\_\_\_\_ Signature: s/ \_\_\_\_\_

Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number (Area Code): \_\_\_\_\_

Email Address: \_\_\_\_\_

Please ensure your contact information above matches your PACER contact information. If necessary, update your PACER account.

CERTIFICATE OF SERVICE

The electronic signature above certifies that all parties or their counsel of record have been electronically served with this document as of the date of filing.