

**EXEMPTION FORM**

I am counsel of record for \_\_\_\_\_ in the following appeal or appeals (Case Numbers and Captions):

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I hereby request an exemption from the court's requirement that all attorneys participate in the CM/ECF filing system. The basis for my request is:

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

Action (Approved or Denied) \_\_\_\_\_ Date: \_\_\_\_\_

Maureen W. Gornik