

WAIVER

SUPREME COURT OF THE UNITED STATES

18-1446

Supreme Court Case No. _____

Lettie Sexton, ex rel. Appalachian Regional Healthcare, Inc. v. Kentucky Cabinet for Health and Family Services, et al.
(Petitioner) (Respondent)

I DO NOT INTEND TO FILE A RESPONSE to the petition for a writ of certiorari unless one is requested by the Court.

Please check the appropriate boxes:

Please enter my appearance as Counsel of Record for all respondents.

There are multiple respondents, and I do not represent all respondents. Please enter my appearance as Counsel of Record for the following respondent(s):

Coventry Health and Life Insurance Company

I am a member of the Bar of the Supreme Court of the United States.

I am not presently a member of the Bar of this Court. Should a response be requested, the response will be filed by a Bar member.

Signature _____



Date: May 29, 2019

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Mr. Ms. Mrs. Miss

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A COPY OF THIS FORM MUST BE SENT TO PETITIONER'S COUNSEL OR TO PETITIONER IF PRO SE. PLEASE INDICATE BELOW THE NAME(S) OF THE RECIPIENT(S) OF A COPY OF THIS FORM. NO ADDITIONAL CERTIFICATE OF SERVICE IS REQUIRED.

CC: Carole D. Christian (for Petitioner); Catherine York (for Respondent KY Cabinet)