

# WAIVER

## SUPREME COURT OF THE UNITED STATES

Supreme Court Case No. 19-5508

Carlin Powell

Medical Department Cuyahoga County Correctional Center, 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):

- ☒ 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 K Mullin

Date: September 9, 2019

(Type or print) Name KATHERINE MULLIN

☐ Mr. ☐ Ms. ☒ Mrs. ☐ Miss

Firm CUYAHOGA COUNTY PROSECUTOR'S OFFICE

Address 1200 ONTARIO STREET, 8TH FLOOR

City & State CLEVELAND, OH

Zip 44113

Phone 216-443-7800

Email kemullin@prosecutor.cuyahogacounty.us

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: Carlin U. Powell, c/o Ross Correctional Inst., P.O. Box 7010, Chillicothe, OH 45601