WAIVER

SUPREME COURT OF THE UNITED STATES

Supreme Court Case No. 19-656	
William Anderson	city of Minneapolis, Minnesota, et al
(Petitioner)	(Respondent)
I DO NOT INTEND TO FILE A RESPONSE to the by the Court.	petition for a writ of certiorari unless one is requested
Please check the appropriate boxes:	
☐ Please enter my appearance as Counsel of Re	ecord for all respondents.
■ There are multiple respondents, and I do appearance as Counsel of Record for the follows:	o not represent all respondents. Please enter my owing respondent(s):
County of Hennepin, Hennepin Healthcare Syst	em, Inc., HCMC, HCMC Ambulance Sevices/Emergency,
Medical Services, Hennepin County Medical E	xaminer's Office, Daniel F. Shively, Mitchel Morey, M.D.
■ I am a member of the Bar of the Supreme Cour	t of the United States.
will be filed by a Bar member.	Court. Should a response be requested, the response
Signature	
Date: 12/16/2019	
(Type or print) Name Beth A. Stack	
, 	Mrs. Miss
Firm Hennepin County Attorney's	Office
Address A-2000 Government Center	er, 300 South Sixth Street
City & State Minneapolis, MN	Zip 55487
Phone (612)543-1357	Email Beth.Stack@hennepin.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: Robert Hopper; Erwin Chemerinsky