## WAIVER

## SUPREME COURT OF THE UNITED STATES

Supreme Court Case No. <u>20-1</u>004

**Robert Collier** 

Dallas County Hospital District

(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	mv	appearance	as	Counsel	of	Record	for	all	respondents.
I ICase chief	111 <sub>y</sub>	appearance	ab	Counser	O1	<b>I</b> ICCOI U	101	an	respondentes.

□ 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								
Date:								
(Type or print) Name Joshua J. Bennett								
■ Mr. □ Ms. □	] Mrs. 🗌 Miss							
Firm Carter Arnett PLLC								
Address 8150 N. Central Expy, Ste. 500								
Phone 214-550-8188	Email jbennett@carterarnett.com							
City & State Dallas, Texas Phone 214-550-8188	Zip 75206 jbennett@carterarnett.com							

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: Brian Wolfman; Hannah Mullen; Jay D. Ellwanger; David D. Henderson; Jen Despins