

WAIVER

SUPREME COURT OF THE UNITED STATES

20-1067

Supreme Court Case No.

Maria M. Rosas v. Advocate Health & Hospitals Corp.
(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.

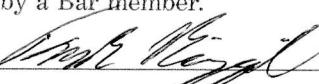
There are multiple respondents, and I do not represent all respondents. Please enter my appearance as Counsel of Record for the following respondent(s):

Madden Mental Health Center

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



February 18, 2021

Date:

(Type or print) Name **Frank H. Biesczat**

Mr. Ms. Mrs. Miss

Firm **Office of the Illinois Attorney General**

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City & State **Chicago, Illinois**

Zip **60601**

Phone **312-814-2234**

Email **fbiesczat@atg.state.il.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: **Maria M. Rosas**