

# W A I V E R

## SUPREME COURT OF THE UNITED STATES

Supreme Court Case No. \_\_\_\_\_

\_\_\_\_\_. v. \_\_\_\_\_  
(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 \_\_\_\_\_

Date: \_\_\_\_\_

(Type or print) Name \_\_\_\_\_

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss

Firm \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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:

Kathleen Sumner, Blue Cross Blue Shield MN, Riverview Health