

WAIVER

Supreme Court of the United States

No. 17-8271

Jason Kokinda
(Petitioner)

v. Robert Gilmore, Superintendent, State
Correctional Institution at Greene, et al.
(Respondents)

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

Phone

SEND A COPY OF THIS FORM 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: Jason Kokinda (Petitioner)

WAIVER

Supreme Court of the United States

No. 17-8271

Jason Kokinda

(Petitioner)

v. Robert Gilmore, Superintendent, State
Correctional Institution at Greene, et al.
(Respondents)

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

Phone

SEND A COPY OF THIS FORM 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: Jason Kokinda (Petitioner)