

UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT

Thurgood Marshall U.S. Courthouse 40 Foley Square, New York, NY 10007 Telephone: 212-857-8500

MOTION INFORMATION STATEMENT

Docket Number(s): \_\_\_\_\_ Caption [use short title] \_\_\_\_\_

Motion for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Set forth below precise, complete statement of relief sought:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MOVING PARTY: \_\_\_\_\_ OPPOSING PARTY: \_\_\_\_\_

\_\_\_Plaintiff \_\_\_Defendant  
\_\_\_Appellant/Petitioner \_\_\_Appellee/Respondent

MOVING ATTORNEY: \_\_\_\_\_ OPPOSING ATTORNEY: \_\_\_\_\_

[name of attorney, with firm, address, phone number and e-mail]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Court- Judge/ Agency appealed from: \_\_\_\_\_

Please check appropriate boxes:

Has movant notified opposing counsel (required by Local Rule 27.1):  
\_\_\_Yes \_\_\_No (explain): \_\_\_\_\_  
\_\_\_\_\_

Opposing counsel's position on motion:  
\_\_\_Unopposed \_\_\_Opposed \_\_\_Don't Know

Does opposing counsel intend to file a response:  
\_\_\_Yes \_\_\_No \_\_\_Don't Know

FOR EMERGENCY MOTIONS, MOTIONS FOR STAYS AND INJUNCTIONS PENDING APPEAL:

Has this request for relief been made below? \_\_\_Yes \_\_\_No

Has this relief been previously sought in this court? \_\_\_Yes \_\_\_No

Requested return date and explanation of emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is oral argument on motion requested? \_\_\_Yes \_\_\_No (requests for oral argument will not necessarily be granted)

Has argument date of appeal been set? \_\_\_Yes \_\_\_No If yes, enter date: \_\_\_\_\_

Signature of Moving Attorney:

\_\_\_\_\_ Date: \_\_\_\_\_ Service by: \_\_\_CM/ECF \_\_\_Other [Attach proof of service]