

UNITED STATES COURT OF APPEALS FOR THE THIRD CIRCUIT

DOCKETING STATEMENT

Administrative Agency Review/Enforcement Proceedings  
(To be completed by Petitioner)

1. DOCKET NO.: \_\_\_\_\_ 2. DATE DOCKETED: \_\_\_\_\_

3. CASE NAME  
(Lead Parties Only) \_\_\_\_\_ v. \_\_\_\_\_

4. TYPE OF CASE: Review \_\_\_\_\_ Enforcement \_\_\_\_\_

5. CASE INFORMATION:

a. Identify agency whose order is to be reviewed: \_\_\_\_\_

b. Give agency docket or docket number(s):

c. Give date(s) of order(s): \_\_\_\_\_

d. Is a request for rehearing or reconsideration pending at the agency?  
\_\_\_\_\_Yes \_\_\_\_\_No

e. Are any other cases involving the same underlying agency order  
pending in this Court or in any other court? \_\_\_\_\_Yes \_\_\_\_\_No

If Yes, identify name(s), docket number(s), and court(s):

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

f. Are any other cases, to counsel's knowledge, pending before the agency,  
this Court or the Supreme Court which involve substantially the same  
issues as the instant case presents? \_\_\_\_\_Yes \_\_\_\_\_No

If Yes, give name(s) of these cases and identify court/agency:

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

Signature: \_\_\_\_\_

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

Name of Counsel or Pro Se Litigant (Print) \_\_\_\_\_

Firm: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Party Represented: \_\_\_\_\_

ATTACH A CERTIFICATE OF SERVICE

NOTE: If counsel for any other party believes that the information submitted is inaccurate or incomplete, counsel may so advise the Clerk within 10 days by letter, with copies to all other parties, specifically referring to the challenged statement. An original and three copies of such letter should be submitted.