

**UNITED STATES COURT OF APPEALS
FOR THE FIFTH CIRCUIT**

Court of Appeals Docket Number(s): _____

Short Title: _____

District Court Docket Number(s): _____

REQUEST FOR WAIVER OF MANDATORY FEE REDUCTION

I _____ request a waiver of the mandatory fee reduction based upon:

_____ Illness or other incapacity. The required certification is attached.

_____ Planned vacation. The required certification is attached.

_____ Lengthy or complex litigation or excessive pages ordered. The required certification is attached.

Signature _____

Official Court Reporter Date

Signature _____

United States District Judge Date

Attach proof of service on all counsel as appropriate.