

**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.