



Please fill out the form and attach to any recusal entries that accompany your IGOR request.

Name of Court	Number of Judges Requested
Name of Direct Contact	Name of Secondary Contact
Number of Direct Contact	Number of Secondary Contact
Email of Direct Contact	Email of Secondary Contact
Case Number	Case Caption
Date Filed	Status of Appeal
Name of Trial Court	Name of Trial Court Judge
Name(s) of Appellant(s)	Name(s) of Appellee(s)
Name(s) of Appellant Counsel	Name(s) of Appellee Counsel
Summary of Case (NOA and journal entry attached)	

**District's Local Rule/Oral Argument Practices**

District Requires Parties to Request Oral Argument <input type="checkbox"/> Yes <input type="checkbox"/> No
District's Policy re Remote Oral Arguments

**Prior Appeal(s)**

District Previously Assigned	Panel Previously Assigned
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