In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS [Date Document Filed]

PETITIONER'S NAME,

Petitioner,

Respondent.

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Case No. ____V

Special Master's Name_

SECRETARY OF HEALTH AND HUMAN SERVICES,

CONSENTED MOTION TO SUBSTITUTE ATTORNEY OF RECORD

[New Attorney] hereby moves the court to be substituted as Petitioner's Attorney of Record in the above-styled case. Per Vaccine Rule 14(c) and RCFC 83.1(c)(4) the following documents are provided:

1. An affidavit by [New Attorney] stating that he has been retained as attorney in this matter. (See Exhibit 1 attached hereto.)

2. The written consent for substitution of attorney by the previous attorney of record. (See Exhibit 2 attached hereto.)

WHEREFORE, [New Attorney] moves that the Court recognize him as the attorney of record.

Signature of attorney to be substituted

Name of Attorney to be substituted Firm Name Address City, State, Zip code Phone number Facsimile number Email Address

In the United States Court of Federal Claims office of special masters

PETITIONER'S NAME,

Petitioner,

۷.

Case No. ____V

SECRETARY OF HEALTH AND HUMAN SERVICES,

Respondent.

Special Master's Name_____

AFFIDAVIT OF APPOINTMENT

State of _____ County of _____

[New Attorney of Record] states as follows:

1. That I am an attorney licensed to practice law in the U.S. Court of Federal Claims.

2. That [JOHN DOE] has retained me as new attorney of record in this matter.

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on ______.

Signature of New Attorney of Record

(Exhibit 1)

In the United States Court of Federal Claims office of special masters

PETITIONER'S NAME,

Petitioner,

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Case No. __-__V

SECRETARY OF HEALTH AND HUMAN SERVICES,

Respondent.

Special Master's Name_____

CONSENT TO CHANGE ATTORNEY OF RECORD

NOW COMES [Previous Attorney of Record], Attorney of Record in the abovecaptioned matter, and hereby consents to [New Attorney of Record], being named as the new attorney of record in said matter.

Respectfully submitted,

By: Signature of Previous Attorney of Record

Date: _____

(Exhibit 2)

Certificate of Service

I hereby certify that a true and correct copy of the foregoing pleading was served upon the respondent by [Date and manner of service].

Respondent's Counsel's Name U.S. Department of Justice Vaccine Litigation Torts Branch/Civil Division P.O. Box 146 Ben Franklin Station Washington, D.C. 20044-0146

<u>Signature</u>

New Attorney of Record Name Firm Name Address City, State, Zip code Phone number Facsimile number Email Address