

041069/19344/MHW/JJL/RSM

U.S. District Court for the Northern District of Illinois
Attorney Appearance Form

Case Title: SIDNEY L. PETERSON v. Case Number: 19-cv-415
 Wexford Health Sources, Inc., a
 foreign corporation, Arthur
 Davida, Sarah Mays, and
 Loreatha Coleman

An appearance is hereby filed by the undersigned as attorney for:

DR. ARTHUR DAVIDA AND WEXFORD HEALTH SOURCES, INC.

Attorney Name (type or print): Rachel S. Mahoney

Firm: CASSIDAY SCHADE LLP

Street Address: 222 West Adams Street, Suite 2900

City/State/Zip: Chicago, IL 60606

Bar ID Number: 6330303

(See Item 3 in instructions)

Telephone Number: (312) 641-3100

Email Address: rmahoney@cassiday.com

Are you acting as lead counsel in this case? ☐ Yes ☒ No

Are you acting as local counsel in this case: ☐ Yes ☒ No

Are you a member of the court's trial bar? ☐ Yes ☒ No

If this case reaches trial, will you act as the trial attorney? ☐ Yes ☒ No

If this is a criminal case, check your status.

☐

Retained Counsel

☐

Appointed Counsel

If appointed counsel, are you a

☐

Federal Defender

☐

CJA Panel Attorney

In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by local Rules 83.12 through 83.14. I declare under penalty of perjury that the foregoing is true and correct. Under 28 U.S.C. § 1746, this statement under perjury has the same force and effect as a sworn statement made under oath.

Executed on July 19, 2021

Attorney Signature: s/Rachel S. Mahoney

(Use electronic signature if the appearance form is filed electronically.)

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Revised 8/1/2015