

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

Case Title: JOSEPH LOVERA v. Wexford Case Number: 1:21-cv-06837
Health Sources, Inc., et al.

An appearance is hereby filed by the undersigned as attorney for:
Wexford Health Sources, Inc., Dr. Marlene Henze, Dr. Kul Sood, Dr. Kurt Osmundson
Attorney name (type or print): Victor F. Price

Firm: Connolly Krause LLC

Street address: 500 West Madison Street, Suite 3900

City/State/Zip: Chicago, IL 60661

Bar ID Number: 6313766
(See item 3 in instructions)

Telephone Number: (312) 466-7266

Email Address: vprice@cktrials.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
☐ 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 March 22, 2024

Attorney signature: S/ Victor F. Price

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