

FORM 6 (ND/SD Miss. DEC. 2011)

UNITED STATES DISTRICT COURT

JACKSON WOMEN'S HEALTH ORGANIZATION, on behalf of itself and its patients,

and

WILLIE PARKER, M.D., M.P.H., M.Sc., on behalf of himself and his patients,

Plaintiffs,

v.

CIVIL ACTION #3:12cv436-DPJ-FKB

MARY CURRIER, M.D., M.P.H. in her official capacity as State Health Officer of the Mississippi Department of Health,

and

ROBERT SHULER SMITH, in his official capacity as District Attorney for Hinds County, Mississippi,

Defendants.

APPLICATION FOR ADMISSION PRO HAC VICE

(A) Name: Michelle Nicole Pallak Movahed

Firm Name: Center for Reproductive Rights

Office Address: 120 Wall Street, 14th Floor

City: New York State NY Zip 10005

Telephone: (917) 637-3628 Fax: (917) 637-36666

E-Mail: mmovahed@reprorights.org

(B) Client(s): Jackson Women's Health Organization; and Willie Parker, M.D., M.P.H., M.Sc.

Address: 2903 North State Street

City: Jackson State MS Zip 39216
Telephone: (601) 366-2261 Fax: (601) 362-5973

The following information is optional:

Has Applicant had a prior or continuing representation in other matters of one or more of the clients Applicant proposes to represent and is there a relationship between those other matter(s) and the proceeding for which Applicant seeks admission?

Yes. The Center for Reproductive Rights has a long-standing relationship with Jackson Women's Health Organization, and Ms. Movahed has been working closely with the clinic for a few years.

Does Applicant have any special experience, expertise, or other factor that Applicant believes makes it particularly desirable that Applicant be permitted to represent the client(s) Applicant proposes to represent in this case?

Yes. The Center for Reproductive Rights, where Ms. Movahed has been practicing law for the last five years, is a global non-profit legal organization with expertise in constitutional law concerning reproductive rights in the United States.

(C) Applicant is admitted to practice in the:

 X States of New York & Illinois
 District of Columbia

and is currently in good standing with that Court. A certificate to that effect, issued within ninety days of the date of this Application, is enclosed; the physical address, telephone number and website/email address for that admitting Court are:

NY: Appellate Division, 1st Judicial Dept., 41 Madison Ave., 26th Floor, New York, NY 10010; (212) 340--400; <http://www.courts.state.ny.us/courts/ad1/>

IL: Clerk of the Supreme Court of IL, 200 East Capitol, Springfield, IL 62701; (217) 782-2035; <http://www.state.il.us/court/SupremeCourt/>

All other courts before which Applicant has been admitted to practice:

Jurisdiction

Period of Admission

State of Illinois

5/10/2007 (currently inactive status)

State of New York	12/4/2007
U.S .District Court Northern District of Illinois	10/2007
U.S. District Court Southern District of Illinois	10/2007
U.S. District Court Eastern District of New York	2007
U.S. Ninth Circuit Court of Appeals	12/17/2009

- | | Yes | No |
|--|--------------------------|----|
| (D) Has Applicant been denied admission pro hac vice in this state? | <input type="checkbox"/> | X |
| Has Applicant had admission pro hac vice revoked in this state? | <input type="checkbox"/> | X |
| Has Applicant been formally disciplined or sanctioned by any court in this state in the last five years? | <input type="checkbox"/> | X |

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations, the name of the person or authority bringing such proceedings; the dates the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings:

- | | Yes | No |
|---|--------------------------|----|
| (E) Has any formal, written disciplinary proceeding ever been brought against Applicant by a disciplinary authority in any other jurisdiction within the last five years? | <input type="checkbox"/> | X |

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations; the name of the person or authority bringing such proceedings; the date the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings.

- | | Yes | No |
|---|--------------------------|----|
| (F) Has Applicant been formally held in contempt or otherwise sanctioned by any court in a written order in the last five years for disobeying its rules or orders? | <input type="checkbox"/> | X |

If the answer was “yes,” describe, as to each such order, the nature of the allegations, the name of the court before which such proceedings were conducted; the date of the contempt order or sanction, the caption of the proceedings, and the substances of the court’s rulings (a copy of the written order or transcript of the oral rulings must be attached to the application).

- (G) Please identify each proceeding in which Applicant has filed an application to proceed pro hac vice in this state within the preceding two years, as follows:

Name and Address of Court	Date of Application	Outcome of Application
------------------------------	------------------------	---------------------------

N/A

- (H) Please identify each case in which Applicant has appeared as counsel pro hac vice in this state within the immediately preceding twelve months, is presently appearing as counsel pro hac vice, or has pending applications for admission to appear pro hac vice, as follows:

Name and Address of Court	Style of Case
------------------------------	---------------

N/A

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| (I) Has Applicant read and become familiar with all of the LOCAL UNIFORM CIVIL RULES OF THE UNITED STATES DISTRICT COURTS FOR THE NORTHERN AND SOUTHERN DISTRICTS OF MISSISSIPPI? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Has Applicant read and become familiar with the MISSISSIPPI RULES OF PROFESSIONAL CONDUCT? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(J) Please provide the following information about the resident attorney who has been associated for this case:

Name and Bar No: Robert B. McDuff, MS Bar #2532

Firm Name: Law Office of Robert McDuff

Office Address: 767 North Congress Street

City: Jackson

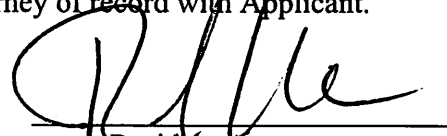
State MS Zip 39202

Telephone: (601) 969-0802

Fax: (601) 969-0804

E-Mail: rbm@mcdufflaw.com

(K) The undersigned resident attorney certifies that he/she agrees to the association with Applicant in this matter and to the appearance as attorney of record with Applicant.

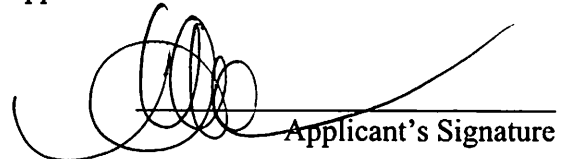


Resident Attorney

I certify that the information provided in this Application is true and correct.

06/22/2012

Date




Applicant's Signature

Unless exempted by Local Rule 83.1(d)(5), the application fee established by this Court must be enclosed with this Application.

CERTIFICATE OF SERVICE

The undersigned Applicant certifies that a copy of this Application for Admission Pro Hac Vice has been mailed or otherwise served on this date on all parties who have appeared in this case.

This the 28th day of June, 2012.



Applicant