

Only attorneys admitted to the Bar of this Court may practice before the Court. **Each attorney representing a party must complete a separate form. (COMPLETE ENTIRE FORM unless otherwise noted).**

Fifth Cir. Case NO. 21-60743

State of Texas, et al. vs. Nuclear Regulatory Commission, et al.

(Short Title)

The Clerk will enter my appearance as Counsel for Nuclear Energy Institute, Inc.

(Please list names of all parties represented, attach additional pages if necessary.)

The party(s) I represent IN THIS COURT  Petitioner(s)  Respondent(s)  Amicus Curiae  
 Appellant(s)  Appellee(s)  Intervenor

I certify that the contact information below is current and identical to that listed in my Appellate Filer Account with PACER.

s/Mariel A. Brookins  
(Signature)

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(Firm or Organization)  
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Primary Tel. (202) 742-8900 Cell Phone: \_\_\_\_\_ (Optional)

**NOTE:** When more than one attorney represents a single party or group of parties, counsel should designate a lead counsel. In the event the court determines oral argument is necessary, lead counsel **only** will receive via e-mail a copy of the court's docket and acknowledgment form. Other counsel must monitor the court's website for the posting of oral argument calendars.

**Name of Lead Counsel:** Paul D. Clement

A. Name of any Circuit Judge of the Fifth Circuit who participated in this case in the district or bankruptcy court.

B. Inquiry of Counsel. To your knowledge:

(1) Is there any case now pending in this court, which involves the same, substantially the same, similar or related issue(s)?  
 Yes  No

(2) Is there any such case now pending in a District Court (i) within this Circuit, or (ii) in a Federal Administrative Agency which would likely be appealed to the Fifth Circuit?  
 Yes  No

(3) Is there any case such as (1) or (2) in which judgment or order has been entered and the case is on its way to this Court by appeal, petition to enforce, review, deny?  
 Yes  No

(4) Does this case qualify for calendaring priority under 5th Cir. R. 47.7? If so, cite the type of case \_\_\_\_\_  
If answer to (1), or (2), or (3), is yes, please give detailed information. Number and Style of Related Case:

Name of Court or Agency \_\_\_\_\_

Status of Appeal (if any) \_\_\_\_\_

Other Status (if not appealed) \_\_\_\_\_

**NOTE: Attach sheet to give further details.**