IN THE DISTRICT COURT OF THE UNITED STATES FOR THE MIDDLE DISTRICT OF ALABAMA

NOTICE OF ASSIGNMENT TO UNITED STATES MAGISTRATE JUDGE

This civil case has been randomly assigned to a United States Magistrate Judge of this court. In accordance with 28 U.S.C. § 636 (c), the Magistrate Judges of this court are designated to conduct any and all proceedings in a jury or nonjury civil case and order the entry of final judgment upon the consent of all parties to a case. Any appeal from a judgment entered by a Magistrate Judge is taken directly to the United States Court of Appeals for the Eleventh Circuit in the same manner as any appeal from any judgment entered in this court.

As a party to this lawsuit, you have the right to consent or decline consent to the jurisdiction of a Magistrate Judge. Litigants, without concern for any adverse consequences, freely may decline consent to the jurisdiction of a Magistrate Judge. If you decline consent to the jurisdiction of a Magistrate Judge. To request reassignment return the completed form on the back of this notice to the Clerk of Court, P.O. Box 711, Montgomery, Alabama 36101, so that the Clerk receives the form not later than 21 days from the date on this notice. If you indicate your consent by not requesting reassignment you will be asked at a later time to confirm your consent in writing.

This notice was mailed on the ____ day of _____, 19___.

DEBRA P. HACKETT, CLERK

BY: _____

Deputy Clerk

IN THE DISTRICT COURT OF THE UNITED STATES FOR THE MIDDLE DISTRICT OF ALABAMA

)
Plaintiff(s),)
)
) CIVIL ACTION NO.
)
)
)
)
Defendant(s).)

v.

REQUEST FOR REASSIGNMENT OF CASE TO A UNITED STATES DISTRICT JUDGE

The undersigned party has read the Notice of Assignment To United States Magistrate Judge and hereby declines to consent to the Magistrate Judge's exercise of civil jurisdiction in this case. The undesigned party requests reassignment of this case to a United States District Judge. **The party understands that this request may not be revoked.**

Signed this _____ day of ______, 20_____.

Signature		
Counsel For	 	
Address	 	
City, State Zip Code	 	

(Area Code) Telephone Number

DO NOT E-FILE THIS REQUEST FOR REASSIGNMENT. SEND TO THE CLERK'S OFFICE BY MAIL.