

FORM 9A
WRITTEN ASSURANCE

United States Court of Federal Claims

_____,
Plaintiff,
v.
THE UNITED STATES,
Defendant.

)
)
)
) No. _____
) Judge _____
)
)
)
)
)

WRITTEN ASSURANCE

I, _____, declare that:

1. My address is _____,
and the address of my present employer is _____.
2. My present occupation or job description is _____
_____.
3. My present relationship to plaintiff/defendant(s) is _____
_____.
4. I have received a copy of the Protective Order in this action.
5. I have carefully read and understand the provisions of the Protective Order, agree to be bound by it, and specifically agree I will not use or disclose to anyone any of the contents of any Restricted information received under the protection of the Protective Order.
6. I understand that I am to retain all copies of any of the materials that I receive which have been so designated as Restricted in a container, cabinet, drawer, room, or other safe place in a manner consistent with the Protective Order and that all copies are to remain in my custody until I have completed my assigned or legal duties. I will destroy or return to counsel all Restricted documents and things that come into my possession. I acknowledge that such return or the subsequent destruction of such materials will not relieve me from any of the continuing obligations imposed upon me by the Protective Order.

I declare under penalty of perjury under the laws of the state where executed that the foregoing is true and correct.

Executed this _____ day of _____, 20____, in the State of

_____.

Signature