

Court of Appeal
FOURTH APPELLATE DISTRICT
Division One
750 B Street, Suite 300
San Diego, CA 92101
www.courts.ca.gov
(619) 744-0760

Today's Date: _____

RE: Case Name: _____
Case Number: _____
Lower Court case Number: _____

REQUEST/WAIVER OF ORAL ARGUMENT

INSTRUCTIONS: File and serve a completed copy of this form letter on or before [Date provided by Court]. If you do not request oral argument within that time, oral argument will be deemed waived and the case will be submitted without the delay of calendaring. (Cal. Rules of Court, rule 8.256(d)(1).) If the court has questions, you will be notified.

Regardless of whether you request oral argument, you must advise the court immediately if the matter has settled or if settlement is expected.

1. Name of Person Arguing: _____

2. Attorney for: _____

3. Please select ONLY one of the following:

- a. I waive oral argument _____
- b. I request oral argument _____
- c. I request oral argument, but I agree to waive if no other party selects b. _____

Please note, if no party selects option b, oral argument will not be heard in this matter.

4. Time requested: _____
(15-minute limit unless additional time granted (Misc. Order No. 061218))

5. Settlement pending: ___ yes ___ no (Immediately notify the court if the matter has settled, or if settlement negotiations are in progress or are contemplated. See rule 8.244(a) regarding settlement.)

KEVIN J. LANE, CLERK
BY: _____/s/_____
Deputy Clerk

cc: All Parties