



STATE OF CALIFORNIA
COURT OF APPEAL
OFFICE OF THE CLERK
FIRST APPELLATE DISTRICT
350 McALLISTER STREET
SAN FRANCISCO, CA 94102-4712

REQUEST FOR ORAL ARGUMENT

INSTRUCTIONS: If oral argument is not requested within 10 days after notice, the court will deem argument waived. Please complete this form and file it through TrueFiling with **PROOF OF SERVICE ON OPPOSING COUNSEL.**

Pursuant to California Rules of Court, rule 8.256(c), and unless the court expressly orders otherwise, **only one counsel may argue for each separately represented party.** Please indicate only the person who will be arguing in No. 6.

Counsel may elect to present oral argument either by personal appearance in court or by remote appearance on BlueJeans. Check the appropriate box under No. 2.

1. 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, unless the court specifically orders otherwise, if no party selects option b, oral argument will not be heard in this matter.

2. I intend to appear by: _____ Personal appearance

_____ Remote appearance

3. Case Number: _____ 4. Division No. Choose an item.

5. Title of Case: _____

6. Name of Person Arguing: _____ 7. CA Bar No.: _____

8. Attorney for: _____

Check one: ___ Appellant ___ Petitioner ___ Respondent ___ Real Party in Interest

Name

Signature