

**CALIFORNIA COURT OF APPEAL
FIRST APPELLATE DISTRICT
OFFICE OF THE CLERK
350 McAllister St.
San Francisco, CA 94102-3600**

Request for Oral Argument

INSTRUCTIONS: If oral argument is not requested within 10 days from the date on the attached notice, the Court will deem oral argument waived. There is no five (5) days for mailing time. If oral argument is requested, complete this form and return it to the Clerk's Office with **PROOF OF SERVICE ON OPPOSING COUNSEL**. Counsel may elect to present oral argument either by personal appearance or by telephone conference call. Check the appropriate line under No. 1.

If counsel requests oral argument by telephone conference call, a fee of \$20.00 must be paid at the time oral argument is requested, except no fee is charged to court-appointed counsel in any criminal, juvenile, or civil case, or to the Attorney General or counsel representing the state, a county, a municipality, or other governmental agency. Make the check payable to the Court of Appeal, attach it to this form and return it to the Clerk's Office. *Please note: Teleconference calls made outside the geographic boundaries of the First Appellate District will be made collect.*

1. Request for oral argument by:
_____ Personal Appearance
_____ Telephone Conference Call

2. Court of Appeal Case No. _____

3. Division _____

4. Title of Case: _____

5. Name of Counsel Appearing: _____
representing _____
as Appellant/Respondent _____

6. Telephone Conference Call No. _____

Signature of person requesting Argument