

COURT OF APPEAL
FOURTH APPELLATE DISTRICT, DIVISION THREE
601 West Santa Ana Blvd.
Santa Ana, CA 92701

If you wish to participate in oral argument, you must file the attached form with proof of service on opposing counsel with the court within 15 days from the date of this notice. If oral argument is requested, the case will likely be set for oral argument within the next six months. Please notify the court of any dates you are unavailable to appear within the next six months, or thereafter if known, and we will try to accommodate your schedule.

Notification of the date and time for oral argument will be sent to all parties electronically via the court's electronic filing service provider, True Filing, except those parties who are exempt from mandatory e-filing (Cal, Rules of Court, rule 8.71(b)), who will also be sent a notification via mail. The parties are responsible for monitoring their email and mail for any notifications from this court. Any request for a continuance of oral argument must be made no later than 15 days after the date we email or mail the oral argument calendar to you. A request for a continuance submitted later will be considered only if it is necessitated by an emergency. Any request for a continuance must include a declaration stating whether opposing counsel agrees to or opposes a continuance.

If you do not request oral argument within the time specified above, oral argument will be deemed waived. If oral argument is waived, the case will likely be submitted within the next six months.

If your case settles after you receive the oral argument calendar, you must immediately notify the court by telephone. (Cal. Rules of Court, rule 8.244(a)(2).) Failure to give timely notice of a settlement may result in the imposition of sanctions. (Cal. Rules of Court, rule 8.276.)

Kevin J. Lane
Clerk/Executive Officer

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601 West Santa Ana Blvd.
Santa Ana, CA 92701

Today's Date: _____

RE: Case Name: _____

Case Number: _____

REQUEST/WAIVER OF ORAL ARGUMENT

(Name of Party(s)) _____
___Appellant ___Respondent ___Petitioner ___Real Party

**Name of Attorney who will be arguing, state bar number and e-mail address:
(Please include secondary email address of assistant if applicable.)**

The sequence of calendared appearances will be set according to time estimates indicated on the Request for Oral Argument.

___Requests Oral Argument ___Waives Oral Argument Time Estimate _____

Please list any dates you are unable to appear within the next 6 months. _____

Please indicate the case number(s) of any action in the Court of Appeal or Superior Court that would be considered a companion case to this action. _____

Dated: _____

(Signature)

(Print Name)

Address: _____
