



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 oral argument waived. If requesting oral argument, 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), **only one counsel may argue for each separately represented party.** Please indicate only the person that will be arguing in No. 5.

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 must be paid at the time oral argument is requested.\* Make the check payable to the *Court of Appeal*, attach it to this form and send it to the clerk's office. ***Please Note: Parties are still required to file this form through TrueFiling. 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

Conference call number: \_\_\_\_\_

2. Case Number: \_\_\_\_\_ 3. Division No. \_\_\_\_\_

4. Title of Case: \_\_\_\_\_

5. Name of Person Arguing: \_\_\_\_\_ 6. CA Bar # \_\_\_\_\_

7. Attorney for: \_\_\_\_\_

Check One:      Appellant      Respondent      Real Party in Interest

\_\_\_\_\_  
Signature of person requesting argument

\* Except that no fee shall be charged to court-appointed counsel in any criminal, juvenile or civil case, or to the Attorney General or governmental agency.

<b>PROOF OF SERVICE (Court of Appeal)</b> <input type="checkbox"/> Mail <input type="checkbox"/> Personal Service	<i>FOR COURT USE ONLY</i>
<b>Notice: This form may be used to provide proof that a document has been served in a proceeding in the Court of Appeal. Please read <i>Information Sheet for Proof of Service (Court of Appeal)</i> (form APP-009-INFO) before completing this form.</b>	
Case Name: Court of Appeal Case Number: Superior Court Case Number:	

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. My  residence  business address is (*specify*):
3. I mailed or personally delivered a copy of the following document as indicated below (*fill in the name of the document you mailed or delivered and complete either a or b*):
  - a.  **Mail.** I mailed a copy of the document identified above as follows:
    - (1) I enclosed a copy of the document identified above in an envelope or envelopes **and**
      - (a)  **deposited** the sealed envelope(s) with the U.S. Postal Service, with the postage fully prepaid.
      - (b)  **placed** the envelope(s) for collection and mailing on the date and at the place shown in items below, following our ordinary business practices. I am readily familiar with this business's practice of collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service, in a sealed envelope(s) with postage fully prepaid.
    - (2) Date mailed:
    - (3) The envelope was or envelopes were addressed as follows:
      - (a) Person served:
        - (i) Name:
        - (ii) Address:
      - (b) Person served:
        - (i) Name:
        - (ii) Address:
      - (c) Person served:
        - (i) Name:
        - (ii) Address:

Additional persons served are listed on the attached page (*write "APP-009, Item 3a" at the top of the page*).

  - (4) I am a resident of or employed in the county where the mailing occurred. The document was mailed from (*city and state*):

CASE NAME:	CASE NUMBER:
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3. b.  **Personal delivery.** I personally delivered a copy of the document identified above as follows:

(1) Person served:

(a) Name:

(b) Address where delivered:

(c) Date delivered:

(d) Time delivered:

(2) Person served:

(a) Name:

(b) Address where delivered:

(c) Date delivered:

(d) Time delivered:

(3) Person served:

(a) Name:

(b) Address where delivered:

(c) Date delivered:

(d) Time delivered:

Names and addresses of additional persons served and delivery dates and times are listed on the attached page (*write "APP-009, Item 3b" at the top of the page*).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)



\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)