



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

ORAL ARGUMENT APPEARANCE

Case Title: _____
Appeal No.: _____
Argument date and time: _____

This form may only be used to notify the court of how you intend to appear at a scheduled oral argument hearing, or to withdraw a previous request for oral argument. It may not be used to request oral argument.

____ I intend to appear at oral argument in the above matter by:

____ Personal appearance ____ Remote appearance

--OR--

____ I no longer request oral argument in this case.

Name: _____

Attorney for: _____

___ Appellant ___ Petitioner ___ Respondent ___ Real Party in Interest

This form supersedes any prior notice of appearance.

Name

Signature

Date