

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name & Address</i>): Telephone No.: _____ Fax No. (<i>Optional</i>): _____ E-Mail Address (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____ Bar No: _____	<i>FOR COURT USE ONLY</i> APPELLATE DIV. CASE #: TRIAL COURT CASE #:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE Central Justice Center Appellate Division 700 Civic Center Drive West Santa Ana, CA 92701-4045	
APPELLANT: RESPONDENT:	APPELLATE DIV. CASE #: TRIAL COURT CASE #:
ORAL ARGUMENT REQUEST/WAIVER	

_____, who is a(n)
PARTY NAME

Appellant Respondent Petitioner Real Party in Interest,

- Hearing Preference.** I request oral argument waive oral argument.
 Note – Waiving oral argument on this form will not prevent you from presenting argument if any other party to the appeal requests oral argument.
- Estimated Length.** Each side may be allowed up to 10 minutes, pursuant to rule 8.885(e)(2) of the California Rules of Court. I estimate my argument will take _____ minutes.
- Related Case.** Please indicate the case number of any action, either a trial court case or an appellate case, that would be considered a related case to this action:

Date: _____

TYPE OR PRINT NAME

SIGNATURE OF PARTY OR ATTORNEY FOR PARTY

NOTICE
<ul style="list-style-type: none"> Request/Waiver of Oral Argument, along with proof of service upon all parties, must be returned to the Court within 15 days of receipt. If a request for oral argument is received, a notice of hearing will be mailed out notifying all parties of the hearing date and time.