

Oral Argument Appearance Request

Please return a copy of this notice, via eFiling or conventional filing, to the court.

Appellate Case Name & Number: _____

In accordance with ORAP 6.05(2) and (3), please select *one* of the following options:

Individual Request

Select this box if this is a request for oral argument made on behalf of a single party on appeal.

Joint Request

Select this box if this request is a request for oral argument made on behalf of all parties on appeal.

Individual Request Expressing Appearance Preference Only

Select this box if not requesting oral argument but intend to appear if another party requests oral argument.

Attorney/Self-Represented Party Appearing:

Please indicate who will appear on behalf of each party and how they intend to appear, if known.

_____ Appearing Remotely Appearing In-Person
(Name and bar number, if applicable.)

_____ Appearing Remotely Appearing In-Person
(Name and bar number, if applicable.)

Per ORAP 6.10, a party must file a brief and file an Oral Argument Appearance Request in order to argue. Per ORAP 6.05, if a party does not express a preference as to the mode of argument in an Oral Argument Appearance Request, the party will be scheduled to appear remotely if oral argument is set at the request of another party or on the court's own motion.

Signature/name, bar number, address, telephone number, and email address

Date

NOTE: All documents filed with the court must include a certificate of service indicating that service on the opposing party (or parties) was completed. ORAP 1.35(2)(a)(d)

NOTICE OF SUBMISSION OF CASE TO COURT

Appellate Court Administrator, Appellate Court Records Section
1163 State Street, Salem, Oregon 97301-2563