

Oral Argument Appearance Request

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

Appellate Case Name & Number: _____

Date of Scheduled Oral Argument: _____

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.

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

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

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

NOTICE OF SUBMISSION OF CASE TO COURT

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

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)

CERTIFICATE OF SERVICE

I certify that on _____ (DATE), I served a true copy of the oral argument appearance request to the following parties at the addresses set forth below. **NOTE:** If an address is not already provided below then you must fill in the address for each party that you serve. If no address is present, then the court will assume that you did not serve that party.

RESPONDENT: NAME AND ADDRESS _____

OTHER PARTIES: NAME AND ADDRESS _____

by the following method of service:

- ☐ United States Postal Service, ordinary first-class mail.
- ☐ United State Postal Service, certified or registered mail, return receipt requested.
- ☐ Hand delivery
- ☐ Other (specify): _____

DATE: _____ **SIGNATURE:** _____