

Court of Appeals, Division One

State of Arizona

Filer Information Name: _____ Address: _____ City, State, Zip Code: _____ Telephone: _____ Email: _____ <input type="checkbox"/> I am self-represented <i>(if checked, skip attorney info below)</i> Attorney for: _____ Law firm name: _____ State Bar number: _____	<i>For Court Use Only</i>
Appellant/Petitioner <i>(party who filed the appeal):</i>	Court of Appeals case number: 1 CA-
Appellee/Respondent <i>(party responding to the appeal):</i>	Court/agency appealed from: Case number(s):
Request for Oral Argument	

*Use this form to ask the Court of Appeals to hear oral argument in your case. If granted, you will only be able to argue about what is in the appellate briefs. **The deadline to file this request is 10 days after the reply brief is due or is filed, whichever is earlier.***

File this form and a [Certificate of Service](#) in the Arizona Court of Appeals, Division One through TurboCourt.com or by mailing/delivering to 1501 W. Washington, Suite 203, Phoenix, AZ 85007. Give a copy of your completed form to every other party in this appeal.

For more information, see Arizona Rule of Appellate Procedure [18](#).

Request for Oral Argument

1. Name of party making request: _____

2. The deadline to file this request is 10 days after the reply brief is due or is filed, whichever is earlier. Is your request timely?

Yes ___ No ___

If not, why not?

3. Why would oral argument be helpful to the court? *(Optional)*.

Signature

Printed Name

Date

REMEMBER:

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