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| ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS: ATTORNEY FOR (Name): | <i>FOR COURT USE ONLY</i> |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ 701 Ocean Street, Room 110 Santa Cruz, CA 95060 Santa Cruz Branch | |
| APPELLANT: vs. RESPONDENT: | |
| REQUEST FOR REMOTE ORAL ARGUMENT APPELLATE DIVISION | CASE NUMBER: |

Each party or attorney requesting to appear remotely must file a separate request.

1. I am the appellant attorney for the appellant respondent attorney for respondent in the above-entitled matter. I request permission to appear remotely for oral argument.

2. Briefly state the reason for requesting a remote appearance. See attachment.

3. I understand:

- This request must be made within 10 days after the court sends notice of oral argument.
- If the request to appear remotely is granted, the Clerk will provide instructions for connecting.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Type or Print Name

(Signature)

ORDER

IT IS SO ORDERED THAT the request to appear remotely is granted denied.

Date: _____

Judge of the Superior Court