

PARTY NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO: _____ E-MAIL ADDRESS: _____		<i>Reserved for Clerk's Filed Stamp</i>
APPELLATE DIVISION OF THE SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO Civic Center Courthouse 400 McAllister Street San Francisco, CA 94102		
CASE NAME: Plaintiff and (choose one) : _____ VS. Defendant and (choose one) : _____		TRIAL COURT CASE NUMBER: _____
		APPELLATE CASE NUMBER: _____
		NOTICE OF APPEAL DATE: _____
NOTICE OF WAIVER OF ORAL ARGUMENT (Infraction and Limited Civil Appeals)		

Notice The court schedules oral argument for appeals of infraction and limited civil cases. Parties in infraction appeals receive five (5) minutes per side for argument. Parties in limited civil appeals receive ten (10) minutes per side for argument. Parties may waive oral argument by filing a notice of waiver of oral argument. In limited civil appeals, the notice of waiver must be filed within seven (7) days after the Notice of Hearing for Appeal from Traffic/Civil Judgment is sent. If all parties in the case waive oral argument, the court may vacate the oral argument and take it off the calendar. If the court vacates oral argument, you will receive notification from the court. If not all parties waive oral argument, or if the court does not accept the waiver request, the oral argument will remain on the court's calendar. All parties will be able to participate in the oral argument, including any parties who previously requested a waiver. The court attaches no significance to waiving argument, and it understands that oral argument may be unnecessary when the parties' positions have been fully briefed.

This form is only to be used to request to waive (give up) oral argument in infraction or limited civil appeals.

Instructions

Fill out this form and make a copy of the completed form for your records.

Ensure all parties are served a copy of this form and file a Proof of Service form with the court.

Electronically file the completed form or take or mail the completed form to the Appellate Division clerk's office located at: Civic Center Courthouse, 400 McAllister Street, San Francisco, CA 94102.

1. Your Information

Name of party requesting to waive oral argument: _____

Mailing address:

Phone: _____ Email: _____

NOTICE OF WAIVER OF ORAL ARGUMENT

(Infraction and Limited Civil Appeals)

TRIAL COURT CASE NUMBER:

APPELLATE CASE NUMBER:

2. I have read this form, and I am requesting to waive oral argument. **I understand that by signing this form, I am waiving (giving up) the opportunity to appear in court and argue the case.** I also understand that if all parties waive oral argument and the court accepts the waiver and takes the oral argument off calendar, the court will decide the appeal based on the briefs and the record that were submitted.

Date: _____

TYPE OR PRINT NAME

(SIGNATURE OF PARTY)