

*Clerk stamps date here when form is filed.***Instructions**

- ÿ This form is only for requesting to waive (give up) oral argument in an appeal in a **limited civil case**.
- ÿ Before you fill out this form, read *Information on Appeal Procedures for Limited Civil Cases* (form APP-101-INFO) to know your rights and responsibilities. You can get form APP-101-INFO at any courthouse, or county law library, or online at [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms).
- ÿ Fill out this form and make a copy of the completed form for your records and for each of the other parties.
- ÿ Serve a copy of the completed form on each of the other parties and keep proof of this service. You can get information about how to serve court papers and proof of service from *What Is Proof of Service?* (form APP-109-INFO) and on the California Courts Online Self-Help Center at [www.courtinfo.ca.gov/selfhelp/lowcost/getready.htm#serving](http://www.courtinfo.ca.gov/selfhelp/lowcost/getready.htm#serving).
- ÿ Take or mail the completed form and proof of service on the other parties to the appellate division clerk's office. It is a good idea to take or mail an extra copy to the clerk and ask the clerk to stamp it to show that the original has been filed.

*You fill in the name and street address of the court that issued the judgment or order that is being appealed:***Superior Court of California, County of***You fill in the number and name of the trial court case in which the judgment or order is being appealed:***Trial Court Case Number:****Trial Court Case Name:***You fill in the appellate division case number:***Appellate Division Case Number:****1 Your Information**

- a. Name of party requesting to waive oral argument: \_\_\_\_\_

- b. Party's contact information (*skip this if the party has a lawyer for this appeal*):

Street address: \_\_\_\_\_

\_\_\_\_\_ Street City State ZipMailing address (*if different*): \_\_\_\_\_\_\_\_\_\_ Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- c. Party's lawyer (*skip this if the party does not have a lawyer for this appeal*):

Name: \_\_\_\_\_ State Bar number: \_\_\_\_\_

Street address: \_\_\_\_\_

\_\_\_\_\_ Street City State ZipMailing address (*if different*): \_\_\_\_\_\_\_\_\_\_ Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**NOTICE**

For all appeals in limited civil cases, the court schedules oral argument. Parties may waive oral argument by filing a notice of waiver of oral argument within 7 days after the notice of oral argument 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 court will not vacate oral argument and it 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.

- 2 I have read this form and I am/my client is requesting to waive oral argument. **I understand that by signing this form, I am/my client is 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 your name*



\_\_\_\_\_  
*Signature of party or attorney*