SUPREME COURT OF WYOMING

OFFICE OF THE CLERK
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CHEYENNE, WY 82002
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ORAL ARGUMENT RECEIPT ACKNOWLEDGEMENT

Please email your completed form to scclerks@courts.state.wy.us
no later than two weeks prior to the oral argument scheduled.

I acknowledge receipt of the Court's notice of oral argument for:

Docket Number(s):_____ **Argument Date/Time**: _____

_____
(Appellant/Petitioner)

v.

_____
(Appellee/Respondent)

I will appear and will / will not argue (circle one), on behalf of:

_____

Argument time: (Direct appeals only. For appeal/cross-appeals, please contact the clerk's office.)

Appellant's counsel

With a limit of 30 minutes, I plan to use _____ minutes for my initial argument and will reserve ____ minutes for my rebuttal.

Appellee's counsel

With a limit of 30 minutes, I plan to use _____ minutes for my argument.

I INTENDED TO USE A COURT PRESENTATION SYSTEM (circle one): YES* NO

*Please select one: ____ DOCUMENT CAMERA or ____ PRESENTATION SYSTEM

The Court strongly encourages the use of one of these presentation systems if it would be beneficial to an argument.

Signature and printed name of attorney filling out form:

_____

In case of last-minute schedule changes, phone number where you can be reached:

_____