

Moot Court Argument Request Form

Committee on Courts of Appellate Jurisdiction

Name: _____ Date: _____

Firm and address: _____

Telephone: _____ Email: _____

Case name / Docket number _____

Citation to Decision on appeal _____

Client(s) name(s): _____

Oral argument date: _____

Opposing counsel's name/address _____

Briefly describe the primary issue(s) in the appeal: _____

Below please indicate several dates and times you could be available for moot court, which will be held at least one week before the oral argument date at the State Bar Center, unless another location is agreed-upon. _____

Please note any special requests or concerns: _____

Are you a NYSBA member? Yes ☐ No ☐

Membership is required to participate in the Appellate Moot Court program.

If not currently a member submit evidence of application/payment to join.

Please email this completed form and all Court of Appeals briefs filed (Appellant(s); Respondent(s); Reply brief(s), if any) as well as a copy of the decision on appeal to Kathryn Calista, the Committee's staff liason, at kcalista@nysba.org.

NOTE: A conflicts check and confidentiality agreement will be required of moot court judges in each case. You will be advised of your judges in advance.