

# 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 – and a copy of the decision on appeal to Ms. Patricia Wood, the Committee's staff liason, at [pwood@nysba.org](mailto:pwood@nysba.org). You may also direct any questions you may have to Ms. Wood at 518-487-5570.*

**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.**