FOURTH CIRCUIT ORAL ARGUMENT ACKNOWLEDGMENT

The following information is provided in response to the Court's Notification of Oral Argument
Case Number: Date of Oral Argument:
Caption:
Attorney(s) Arguing:
Arguing on Behalf of (party name):
Select party type from menu:
Attorney Appearing but **Not** Arguing (required in Criminal Cases):

Argument Time: If you know how much argument time you wish to use, please provide that information below; any desired changes may be made upon check-in on the morning of argument. If you have not decided upon your argument time, please return this form acknowledging that you will argue the case and provide your argument time when you check in on the morning of argument. Counsel arguing the case must be admitted to the Fourth Circuit, file an appearance of counsel form, and file this acknowledgment form.

→20 minutes of argument time are allotted per side; all parties to a side must share oral argument time
→15 rather than 20 minutes are allotted in social security, black lung & labor cases in which primary issue is whether substantial evidence supports agency decision, and in criminal cases in which primary issue is application of sentencing guidelines; 30 minutes are allotted in en banc cases
→Appellants and cross-appellants may reserve up to 1/3 of their time for rebuttal (7 out of 20 minutes)

First Attorney Arguing:	Phone Number:
Argument Time:	Rebuttal Argument Time (if any):
Any Second Attorney Arguing:	Phone Number:
Argument Time:	Rebuttal Argument Time (if any):
Any Third Attorney Arguing:	Phone Number:
Argument Time:	Rebuttal Argument Time (if any):

If amicus counsel, please complete the following: Argument time ceded by _____ (party type)
Separate argument time granted
Court-Appointed Amicus

I, _____, hereby certify that on this date, I electronically filed this document using the CM/ECF System, which will send notice of filing to the CM/ECF participants listed below and further certify that on this date I served any non-CM/ECF participants in the manner indicated below:

_____   _____
        Date   Signature