

**PQVG'VQ'EQWPUGN<'EQO RNVG'RNCGUG'RTIP V+''UH P'CPF'TGVWTP'VQ'VJ G'G/O CKN
CFFTGUUDGNQY**

The top portion of this form acknowledges the parties' receipt of this calendar.

ALL recipients of the form must promptly return it via e-mail (even if they are not arguing the case)

TO: Shirley_Engelhardt@ca5.uscourts.gov

PLEASE NOTE: This is a fillable form and a typed signature is acceptable

Dear Clerk:

I acknowledge receiving a copy of the printed calendar showing that Case No. _____,

_____ vs. _____

is scheduled for oral argument at _____ on _____ in the *John Minor Wisdom*

United States Court of Appeals Building, 600 Camp Street, New Orleans, LA.

Typed Signature: /s/ _____ Attorney for: _____

Date: _____

IF YOU ARE PRESENTING ARGUMENT, PLEASE COMPLETE THE INFORMATION BELOW.

ARGUING ATTORNEY'S NAME _____ 79@@BI A69F _____

LIST ALL PARTIES YOU REPRESENT _____

(PLEASE SELECT ONE)

APPELLANT APPELLEE CROSS-APPELLANT CROSS-APPELLEE AMICUS INTERVENOR

According to this court's rules, a cross or separate appeal will be argued with the initial appeal during the same argument, unless the court directs otherwise. If a case involves a cross appeal, the party who first files a notice of appeal is considered the appellant unless the parties otherwise agree or the court directs otherwise. If separate appellants support the same argument, they are to avoid duplication of argument.

THE ORDER OF PRESENTATION AND DIVISION OF ORAL ARGUMENT TIME WILL BE AS FOLLOWS:

APPELLANT(s)	NAME	OPENING TIME	REBUTTAL TIME	(FOR APPELLANTS ONLY, THE COURT PREFERS NO MORE THAN 5 MINUTES FOR REBUTTAL)
--------------	------	--------------	---------------	--

COUNSEL #1 _____

COUNSEL #2 _____

COUNSEL #3 _____

COUNSEL #4 _____

APPELLEE(s)	NAME	TIME
-------------	------	------

COUNSEL #1 _____

COUNSEL #2 _____

COUNSEL #3 _____

COUNSEL #4 _____

AMICUS/INTERVENOR(s)	NAME	TIME
----------------------	------	------

COUNSEL #1 _____

COUNSEL #2 _____

for internal use only:

SESSION #