

ALBANY COUNTY BAR ASSOCIATION



Moot Court Argument Request Form

Name: _____ Date: _____

Firm: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone(s): _____

Case Name / Docket Number: _____

Citation to Decision on appeal: _____

Client(s) Name(s): _____

Oral Argument Date: _____

Opposing Counsel's Name/Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

My case is: criminal civil

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.

Please Note any special requests or concerns:

Are you an ACBA member? Yes No

Note: Membership is required to participate for free in the Appellate Moot Court program.

IT IS OF THE UTMOST IMPORTANCE THAT ALL PARTICIPANTS AND ANY APPROVED OBSERVERS MAINTAIN STRICT CONFIDENTIALITY REGARDING THE MOOT COURT PROCEEDINGS. This is for the protection of the moot court program and out of respect for participants – both the advocate(s) and the Justices. Your confidentiality is essential to our continued ability to offer this privilege, and to the candor and efficacy of the practice arguments.

By signing below, I agree to maintain strict confidentiality of this proceeding and that this moot court presents no conflicts of interest. Further, I agree to not hold the Albany County Bar Association Organization, its Board of Directors and staff responsible for any and all liability or claims relating to the moot proceeding.

Signature: _____

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 Marquita Rhodes, the Committee's staff liaison, at acba@albanycountybar.com. You may also direct any questions you may have to Ms. Rhodes at 518-445-7691.