

**ARGUMENT FORM**  
**SUPREME COURT OF THE UNITED STATES**

TO: Counsel of Record

**Please complete all applicable parts of this form and return *immediately* to: Denise McNerney, Merits Clerk, Supreme Court of the United States, Washington, D.C. 20543. Telephone (202) 479-3032, FAX (202) 479-3204**

**A**

Case No.:		v.	
	(Petitioner(s) or Appellant(s))		(Respondent(s) or Appellee(s))
Case No.:		v.	
	(Petitioner(s) or Appellant(s))		(Respondent(s) or Appellee(s))

Date of Argument: \_\_\_\_\_

Arguing Counsel: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Admitted to Bar of this Court?     Yes     No    Were you appointed by this Court?     Yes     No

Allowed to argue *pro hac vice*?     Yes     No    If yes, are you under the C. J. A.?     Yes     No

**NOTE:** Phonetic Pronunciation of name: \_\_\_\_\_  
 Mr.                       Ms.                       Mrs.                       Miss

Title, if any: \_\_\_\_\_  
(Solicitor General, Attorney General, City Attorney, etc.)

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of party(ies) for whom counsel will argue: \_\_\_\_\_

**NOTE:** Phonetic Pronunciation of party(ies): \_\_\_\_\_

**B**

**PLEASE COMPLETE THE FOLLOWING ONLY IF THE COURT HAS GRANTED PERMISSION FOR DIVIDED ARGUMENT OR A MOTION FOR SUCH IS PENDING:**

Name of party(ies) for whom counsel will argue: \_\_\_\_\_

\_\_\_\_\_ Total Minutes: \_\_\_\_\_  
(Name of counsel who will argue FIRST)

Name of party(ies) for whom counsel will argue: \_\_\_\_\_

\_\_\_\_\_ Total Minutes: \_\_\_\_\_  
(Name of counsel who will argue SECOND)

**C**

**Please indicate names of Other Counsel, who must be members of the Bar of the Supreme Court, that arguing counsel selects to have seated at Counsel Table. **NOTE:** Only one co-counsel may be designated when the Court has granted a motion for divided argument.**

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Counsel of record)



**FAX completed form to Denise McNerney @ (202) 479-3204**