

COURT OF APPEAL
Fifth Appellate District
State of California
2424 Cesar Chavez Blvd., Fresno, CA 93721
(559) 445-5491 - <https://appellate.courts.ca.gov/district-courts/5dca>

January 8, 2025

RE: Bring Back the Kern et al. v. City of Bakersfield
(CON/F087503/F087549/F087558/F087560/F087702)
Case No. F087487
Kern County Superior Court No. BCV-22-103220

To All Counsel:

The attached oral argument questionnaire must be completed and returned within 10 days of the date of this letter. If you do not complete and return the attached questionnaire the Court will proceed on the assumption that you are willing to waive oral argument, even if another party has requested oral argument.

If oral argument is requested or the Court determines that oral argument should be held regardless of any waivers by the parties, the case may be scheduled for argument on the March 2025 calendar or soon thereafter. A notification of the date and time for argument will be sent to you at least 20 days prior to the argument date.

If all the parties have agreed to waive oral argument and this Court approves the waiver, the Court will send a notice of such approval and the matter will be submitted.

Each side is allowed a maximum of 30 minutes for argument. If multiple parties on the same side are represented by separate counsel, or if amicus curiae (on written request) is granted permission to argue, the Court may apportion or expand the time. Separate counsel on the same side and amicus curiae should consult with each other and provide a proposed apportionment of time on the attached questionnaire.

You may attach a declaration to your questionnaire, noting dates you are unavailable for oral argument, during the time frame noted above. These dates will only be considered upon a showing of good cause and depending on the availability of the court.

Please note that if you require the assistance of a certified interpreter or registered interpreter, you must complete Judicial Council form number INT-300 and submit it with your oral argument questionnaire. The Court will notify you in writing if your request has been granted or denied.

If you have questions regarding oral argument, you may contact the Calendar Clerk at (559) 445-5491.

Very truly yours,

Brian Cotta, Clerk/Executive Officer

By: Rosemary Nunez, Deputy Clerk

Cc: All counsel

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FIFTH APPELLATE DISTRICT
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Oral Argument Questionnaire

Case No.: F087487

Case Title: Bring Back the Kern et al. v. City of Bakersfield
(CON/F087503/F087549/F087558/F087560/F087702)

Month of Oral Argument: March 2025 (or soon thereafter)

Complete the following:

Date: _____

Name of attorney or party appearing in pro per: _____

Party Designation: _____

Choose one of the following:

_____ **I agree to waive oral argument subject to approval of this waiver by the court.** I understand that I am waiving my right to appear at oral argument even if another party should request to argue.

_____ **I conditionally waive oral argument subject to approval of this waiver by the court and will only appear if the court or another party requests argument.** I will appear _____ in person, _____ video appearance, or _____ telephonically.

_____ **I request oral argument.** I will appear _____ in person, _____ video appearance, or _____ telephonically.

Proposed apportionment of time: _____

Complete the following:

Please provide a phone number (e.g., cell phone) where you can be reached directly (no operator, call tree, etc.) on the date of oral argument: _____

Assistive Listening Device (ALD) requested: ___ Yes ___ No.

- Instructions for setting up your remote (video or telephonic) appearance will be included with your notification of date and time for oral argument.