OBJECTION OF PARTY TO REQUEST FOR EXTENDED MEDIA COVERAGE OF ORAL ARGUMENT

CASE NAME:		
CASE NUMBER:		
ORAL ARGUMENT DATE AND TIME:		
(File this form and provide notice at least seven days in advance)		
APPELLATE DISTRICT:		
APPELLATE DIVISION (First District only):		
Now comes,	, who is a party or an attorney of	
record in the above cause states as follows:		
1. Extended media coverage has been requested for to 2. There is good cause to believe that the presence of circumstances of the proceeding, would materially into argument.	extended media coverage, under the	
The specific facts and circumstances in support of the allegation are described as follows:		
3. This objection is filed within three (3) days of receivin coverage.	g notice of the request for extended media	
WHEREFORE, I object to the request for extended med reasons set forth above.	dia coverage of the oral argument for the	
Objector's Name (please print):		
Atty No.:	Signature of Objector	
Address:	<u> </u>	
City, State, Zip:		
Telephone: ()		
Fmail:		