



CONSUMER ATTORNEYS OF CALIFORNIA

Seeking Justice for All

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CONSUMER ATTORNEYS OF CALIFORNIA AMICUS REQUEST - INTAKE FORM

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Attorney's Name: _____

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Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

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CAOC Member?: _____

Case Name: _____

Type of Request: (Brief, letter to court, depublication, etc.)

REQUEST FOR AMICUS SUPPORT BEFORE:

___ California Appellate Court (District ___)

___ California Supreme Court

___ 9th Circuit Ct. of Appeals

___ U.S. Supreme Court

Date that CAOC's amicus response would be due: _____

Brief statement of the issue that amicus brief would address:

Legislative Department

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