



# Superior Court of California, County of Solano

## Tentative Ruling Request for Oral Argument

All fields are required. If you fail to provide all information needed, your request will be denied.

Department Twenty-Two (Judge Jones)

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

Party Requesting Argument: \_\_\_\_\_

Opposing Counsel Notified?  Yes  No

Attorney: \_\_\_\_\_

Attorney Bar #: \_\_\_\_\_

Email: \_\_\_\_\_

