



AMICUS CURIA REQUEST FORM

Your Name: _____

Phone: _____ Email: _____

Case Name: _____

Appellate court in which the case is pending: _____

Appellate cause number: _____

Party requesting Amicus assistance: _____

Attorney contact information:

Name: _____

Phone: _____ Email: _____

Public records or open meeting issue presented:

Holding below: _____

Is holding based primarily on:

OPMA PRA OTHER _____

RCWs at issue:

Specific issues concerning which the Amicus assistance is requested:

Date by which Amicus must be filed, if known:

Please complete and return this form to:
Washington Coalition for Open Government, Amicus Request, 6351 Seaview Avenue NW, Seattle, WA 98107
Fax 206.623.4474 Email info@washingtoncog.org