ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and Telep	phone No.): FOR COURT USE ONLY
ATTORNEY FOR:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN 180 East Weber Avenue, Suite #413 Stockton, CA 95202	
Petitioner/Plaintiff:v.	
Respondent/Defendant:	
EX PARTE APPLICATION FOR TELEPHONIC APPEARANCE AT HEARING AND ORDER	
HEARING DATE: TIME: DEPT	 T:
1. I,	
	Claimant Other:
 The purpose of this ex-parte application is to request t The bearing is currently set on (data) 	
3. The hearing is currently set on (<i>date</i>)4. I am respectfully requesting to appear by telephone for t	
5. A copy of this Ex Parte Application was served on the manner specified. (Objections must be filed within five day	
I declare under penalty of perjury that the foregoing is true, at, at,	
	Signature of Declarant
Consent of Attorney for Declarant (if represented).	
I,,	, am the attorney for Declarant herein and consent to the
request for telephonic appearance.	
Dated:	Signature of Attorney for Declarant

ORDER OF THE COURT

The Court, having reviewed the ex parte application for telephonic appearance and any objections thereto, hereby makes the following ruling:

Request granted.

Request denied.

Request for telephonic appearance is set for hearing on (date)______at (time)______at (time)_____at (time)____at (time)_____at (time)_____at (time)_____at (time)_____at (time)_____at (time)_____at (time)_____at (time)____at (time)___at (time)__at (time)__at (time)___at (time)__at (time)_at (ti

_____ in Department _____.

DATED:_____

JUDGE OF THE SUPERIOR COURT

PROOF OF SERVICE

1	I served the Ex Parte	Anniantion for	Talanhania A	mmaaramaa at		
	i serveo ine ex Parie	ADDIICATION TOP	Telephonic Al	opearance ar	Hearing and	Urder
•••		/ upphoution for	10100110111071	ppouraneo at	riouning and	01001.

	a. On (name of person served):							
	b. By serving (name, title, and relationship to person served):							
	c. By personal delivery at			on <i>(date)</i>	at <i>(time)</i>			
					, by			
	first -class mail or airmail, p							
	Name of person served: Address:							
	City, State, Zip Code:							
3. Fee	the electronic service addre at <i>(time)</i> he time of service I was at le for service: \$	ss of: ast 18 years o	of age and not a	a party to this acti	, from , on <i>(date)</i> on. and number of the person serving			
the Ex	Parte Application for Teleph	onic Appearar	nce at Hearing	and Order are:				
	Name: Telephone Number:							
	Address:							
	County of Registration:			Registration N	umber:			
	s declaration was executed				foregoing is true and correct and,			

(Signature)