ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and Telephone No.):			FOR COU	FOR COURT USE ONLY		
ATTORNEY FOR:						
SUPERIOR COURT OF CALI 180 East Weber Avenue, Suite Stockton, CA 95202						
Petitioner/Plaintiff:						
V.						
Respondent/Defendant:						
	PLICATION FOR VID	CASE NUMBER:				
TRIAL DATE:	TIME:	DEPT:				
1. I,		doc	lare that I am the:	Petitioner/Plaintiff		
Respondent/Defe			iare that i am the.			
•		n is to request to appear by				
		at (time)				
	uesting to appear b	y videoconference for the f	ollowing reason(s) ( <i>pr</i>	ovide as much detail as		
possible):						
				_		
E A convert this Ev. D.	outo Application wa	a compand on the memory(a)	liated in the attached	Dread of Comice in the		
• •	• •	s served on the person(s)		Proof of Service in the		
manner specified. (Obje	ections must be me	d within five days of service	ə. <i>)</i>			
l declare under penalty	of periury that the f	foregoing is true and correc	ct and that this Declar	ation was executed on		
•						
	,					
		-				
		Signature	of Declarant			
Consent of Attorney for	Doclarant (if ropro	sontod)				
Consent of Attorney for	Deciarant (II Tepres	semeuj.				
			manufactor D. J. C.	and and the second		
		, am the atto	rney for Declarant he	rein and consent to the		
request for videoconfer	• •					
Dated:		Cimatina	of Attornovi for Drale	ront		
		Signature	of Attorney for Declar	anı		

## **ORDER OF THE COURT**

The Court having reviewed the ex parte application for videoconference appearance and any objecti	ons
thereto, hereby makes the following ruling:	
Request granted.	
Request denied.	
Request for videoconference appearance is set for hearing on (date)	_ at
(time) in Department	
DATED: JUDGE OF THE SUPERIOR COURT	

## **PROOF OF SERVICE**

<ol> <li>I served the Ex Parte Application for</li> <li>a. On (name of person served):</li> </ol>						
b. By serving (name, title, and r	relationship to person se	rved):				
c. By personal delivery at h			at <i>(time)</i>			
d. By mailing on <i>(date)</i> first -class mail or airmail, posta	at (place of m	ailing)				
Name of person served:						
Address: City, State, Zip Code:						
Additional parties are listed in the e. By electronic service sent to the electronic service address of at (time)  2. At the time of service I was at least of the for service: \$  4. The name, address, telephone numbers and the Fix Ports. Application for Videoconforms.	the electronic address of:  18 years of age and not er, and, if applicable, cou	a party to this action. nty of registration and	, on <i>(date)</i>			
Name:	X Parte Application for Videoconference Appearance at Trial and Order are:  Name: Telephone Number:  Address:					
County of Registration:			per:			
I declare under penalty of perjury under that this declaration was executed on (california.						
(Signature)						