

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>): TELEPHONE NO: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN STREET ADDRESS: 180 E WEBER AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: STOCKTON, CA 95202 BRANCH OF NAME: STOCKTON	CASE NUMBER: _____	
IN THE MATTER OF <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> ESTATE OF (<i>Name</i>): _____	HEARING: DATE: _____	
NOTICE OF TELECONFERENCE APPEARANCE AND REQUIREMENTS	DEPT: _____ TIME: _____	

THIS NOTICE MUST EITHER BE ATTACHED TO THE NOTICE OF HEARING *or* mailed to the parties separately and filed with the court with the proof of service completed.

ALL APPEARANCES MUST BE MADE BY TELEPHONE until the court resumes full operation and restrictions on public access are lifted. To make the telephone appearance call **209-992-5590**, when prompted enter **6934** for the Bridge number and **5986** for the PIN.

Teleconference hearing requirements:

1. Please call in at least 10 minutes before your appearance time, a rollcall will be done before the calendar begins.
There will not be a rollcall for the Monday 9:00 am calendar, be sure to call in no later than 9:00 am. The 9:00 am calendar will be called as soon as the 8:30 am calendar is done, but not before 9:00 am.
2. If Court has commenced, **DO NOT INTERRUPT**. You will have an opportunity to speak. If the call is in progress and you hear voices, wait until an opportunity to speak arises without interrupting others. The Clerk may be performing a check-in and will get to you.
3. You may be asked to call again from another phone if your connection is weak or creates static or disruptive noise.
4. If you are the first person on the call, be patient, even if you experience silence, as the Clerk will join the call in due course. As others join you may hear a mild “beep-beep” indicating that others are on the line. Until your case is called, refrain from speaking other than with the Clerk.
5. When it is time for you to speak, take your phone off the “speaker” option to minimize background noise and improve sound quality. Position the telephone to minimize paper rustling. **DO NOT** use a keyboard or talk with others in the room. Be aware that telephone hearings may be amplified throughout the courtroom.
6. Whenever speaking, first identify yourself.
7. Any recording of the teleconference proceeding is absolutely prohibited

Any questions can be sent to sjprobate@sjcourts.org.

NOTICE OF TELECONFERENCE APPEARANCE AND REQUIREMENTS

<i>In the Matter of (name):</i>	CASE NUMBER:
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NOTICE OF TELECONFERENCE APPEARANCE AND REQUIREMENTS

1. I am over the age of 18 and not a party to this action. I am a resident or employed in the county where the mailing occurred.
2. My residence or business address is:
3. I served the foregoing Notice of Teleconference Appearance and Requirements on each person named below by enclosing a copy in an envelope addressed as shown below AND

depositing the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.

placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with the business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United State Postal Service in a sealed envelope with postage fully prepaid.

4. Date Mailed: _____ Placed mailed (*city, state*): _____

I declare under penalty of perjury, of the laws of the State of California that the foregoing is true and correct of my own knowledge.

Date: _____

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served

Address (number, street, city, state and zip code)

Continued on Attachment

PROOF OF SERVICE TO NOTICE OF TELECONFERENCE APPEARANCE AND REQUIREMENTS