

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	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN</b> 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: _____	
<b>NOTICE OF TELECONFERENCE APPEARANCE AND REQUIREMENTS</b>	DEPT: _____ TIME: _____	

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

To make the telephone appearance call **209-992-5590**, follow the prompts and enter Bridge # **6934** and PIN # **5986**.

Teleconference hearing requirements:

1. Please call in at least 10 minutes before your appearance time; a roll call will be done before the calendar begins. There will not be a roll call for the Monday 9:00 am, 9:15 am, or 9:30 am calendars. The 9:00 am, 9:15 am, and 9:30 am calendars will be called as soon as the 8:30 am calendar is done, but not before 9:00 am, 9:15 am, or 9:30 am respectively.
2. If you are the first person on the call, be patient, even if you experience silence; 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.
3. If Court has commenced, **DO NOT INTERRUPT**, wait until your case is called. Or if you do not hear your case called, wait until an opportunity to speak arises without interrupting others.
4. If your connection is weak, creates static, or disruptive noise, you may be asked to hang up and call in again.
5. Please mute your phones until your case is called.
6. When it is time for you to speak, take your phone off any “speaker” option to minimize background noise and improve sound quality. Position the telephone to minimize paper rustling or keyboard noise. **DO NOT** talk with others in the room. Be aware that telephone hearings may be amplified throughout the courtroom.
7. Whenever speaking, first identify yourself, and you must identify yourself each time you speak.
8. **DO NOT** place your call on hold. If you must attend to an emergency, please alert the Court and you will be instructed on what to do.
9. **RECORDING OF ANY TELECONFERENCE PROCEEDING IS ABSOLUTELY PROHIBITED.**

Any questions can be sent to [sjprobate@sjcourts.org](mailto:sjprobate@sjcourts.org).

**NOTICE OF TELECONFERENCE APPEARANCE AND REQUIREMENTS**

<i>In the Matter of (name):</i>	CASE NUMBER:
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**PROOF OF SERVICE (Only complete if not attached to Notice of Hearing)**

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: \_\_\_\_\_

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(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**

<u>Name of person served</u>	<u>Address (number, street, city, state and zip code)</u>

Continued on Attachment

**PROOF OF SERVICE TO NOTICE OF TELECONFERENCE APPEARANCE AND REQUIREMENTS**