

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF SAN JOAQUIN

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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address): TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN <input type="checkbox"/> LODI BRANCH <input type="checkbox"/> MANTECA BRANCH <input type="checkbox"/> STOCKTON BRANCH 315 W. ELM ST. 315 E. CENTER ST. 180 E. WEBER AVE, #200 LODI, CA 95240 MANTECA, CA 95336 STOCKTON, CA 95202 | |
| PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: | |
| REQUEST FOR TELEPHONIC APPEARANCE | CASE NUMBER: _____ |
| TYPE OF HEARING: _____ | DATE: _____ TIME: _____ DEPT: _____ |

1. I am the plaintiff plaintiff’s counsel defendant defendant’s counsel Other: _____

2. I request to appear telephonically for the following reason: _____

3. I have filed this request at least twelve (12) court days prior to the hearing and will serve all parties/attorneys with this request within 1 business day of filing. I understand that Proof of Service as to all parties/attorneys must be filed with the court.

4. I understand that the court, in its discretion, may decide to terminate the telephone appearance if it determines during the hearing that I am not available at the calendar call or delay due to disruption, noise, misconduct, a communication problem, a technical problem, or other issue.

5. I understand the court may decide at any time to require a personal appearance and continue the hearing.

6. I assume the risks of cost, time, delay, repeated telephone calls, technical failure, a wrong number, and/or other issues that may arise out of this telephone appearance.

7. I understand that except as provided in California Rules of Court, rule 1.150, court proceedings shall not be photographed, recorded, or broadcast.

I have read the advisements of this form, and I understand that the terms apply to me.

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

DATE:

 PRINTED NAME _____
 SIGNATURE

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| FOR COURT USE ONLY | |
| By Judicial Officer: The request is <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED | |
| Date: _____ | _____ |
| | Judicial Officer |