SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address):		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.: EMAIL ADDRESS:		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF 11270 B Ave. Auburn, CA 95603	PLACER	
NAME OF MINOR:		
REMOTE APPEARANCE REQUEST (JUVEN TELEPHONIC VIDEO	TILE)	CASE NUMBER:
TYPE OF HEARING:	DATE	: TIME: DEPT:
1. I am the: ☐ Minor ☐ Mother ☐ Father ☐ Legal guardian ☐ Foster parent ☐ Sibling ☐ Social Worker ☐ Attorney ☐ Probation officer ☐ Other (name & relationship):		
2. I request that (list name(s)):		
be permitted to appear remotely for the following reason	on(s):	
3. I understand that a confirmation email will be sent with information on how to connect to the hearing, and that a <u>different</u> email address is required for each person appearing. Please send the confirmation email to (list address(es)):		
4. I can be reached at the following telephone number: (_)	
5. I understand that the court, in its discretion, may decide the hearing that I am not available at the time of calend a communication problem, a technical problem, or other	lar call, or ther	
6. I understand that the court may decide at any time to require a personal appearance and continue the hearing.		
7. I assume the risk of cost, time, delay, technical failure, a wrong number, and/or other issues that may arise out of this remote appearance.		
8. I understand that except as provided in California Rules of Court, rule 1.150, court proceedings shall not be photographed, recorded, or broadcast.		
9. I understand Juvenile Court proceedings are CONFIDE telephone or video without further court approval. Vio		• • • • • • • • • • • • • • • • • • • •
I have read the advisements of this form and applicable loc	al rules regard	ing remote appearance requirements.
DATE:		
PRINTED NAME		SIGNATURE