SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER

ATTORNEY OR PARTY WITHOUT ATTORNEY	FOR COURT USE ONLY
(Name, State Bar Number, and Address):	
TELEPHONE NO.:	
FAX NO.: EMAIL ADDRESS:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLA	
☐ 10820 Justice Center Drive ☐ 2501 N. Lake Blvd	
P.O. Box 619072 P.O. Box 5669 Roseville, CA 95661-9072 Tahoe City, CA 96	i145
PETITIONER:	
RESPONDENT:	
REQUEST FOR TELEPHONIC APPEARANCE	E (CIVIL) CASE NUMBER:
	OATE: TIME: DEPT:
L	
1. I am the petitioner petitioner's counsel respondent respondent's counsel Other:	
2. I request the court to allow me to appear from the following telephone number: ()	
3. I request to appear telephonically for the following reason:	
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<u>.</u>	
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 per	sonal 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 all applicable Local Rules 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
FOR COURT USE ONLY	
By Judicial Officer: The request is GRANTED DENIED	
Date:	Judicial Officer

Form Adopted for Optional Use Superior Court of California, County of Placer Form No. PL-CV015 Effective 04-06-2020