

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NUMBER: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ ATTORNEY FOR (name): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: _____ MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: _____	
PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT: _____ OTHER CASE NAME: _____	
REQUEST AND ORDER FOR TELEPHONE-ONLY APPEARANCE IN CIVIL PROCEEDINGS	CASE NUMBER: _____

You must file this form at least 15 days prior to the scheduled hearing to request court approval to attend that hearing by telephone only.

1. The person who intends to appear remotely is (*check and complete all that apply*):

- ☐ Plaintiff/Petitioner (*name*): _____
☐ Attorney for Plaintiff/Petitioner (*name*): _____
☐ Defendant/Respondent (*name*): _____
☐ Attorney for Defendant/Respondent (*name*): _____
☐ Other (*name and role in case*): _____

2. The person or persons in 1 intends to appear by telephone only at the following court proceeding:

Set on (*date*): _____ at (*time*): _____ in (*department*): _____
 Before (*name of judicial officer, if known*): _____

3. The person or persons in 1 must appear by telephone only for the following reasons:

4. ☐ I agree to keep the proceeding confidential and to conduct myself as though I am appearing in court in person.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

ORDERS

- ☐ **GRANTED.** The person or persons identified in 1 may appear by telephone for the proceeding identified in 2.
☐ **DENIED.**

Date:

JUDGE OR JUDICIAL OFFICER