

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.

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