

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR <i>(name)</i> :	STATE BAR NUMBER:    STATE:                      ZIP CODE: FAX NO.:	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> 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:		
<b>REQUEST AND ORDER FOR TELEPHONE-ONLY APPEARANCE IN CIVIL PROCEEDINGS</b>		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