PRINT

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF AMADOR

CLEAR

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address): TELEPHONE NO.: FAX NO.: EMAIL ADDRESS:	**FOR COURT USE ONLY**
AMADOR SUPERIOR COURT 500 ARGONAUT LANE JACKSON, CA 95642 209-257-2600	
PETITIONER: RESPONDENT:	
REQUEST FOR TELEPHONIC APPEARANCE (IV-D Child Support)	CASE NUMBER:
TYPE OF HEARING: DATE: TIME:	

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: _____

_____

_____

4. I have filed this request at least ten (10) court days prior to the hearing and will serve all parties/attorneys with this form within one (1) court day after filing the form.
5. 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.
6. I understand the court may decide at any time to require a personal appearance and continue the hearing.
7. 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.
8. I have read the advisements of this form and California Rule of Court, rule 5.324, and, with the exception of the shortened time to request a telephone appearance allowed by this Court, I understand these 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