

**SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address):  TELEPHONE NO.: FAX NO.: EMAIL ADDRESS:	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLACER</b> <input type="checkbox"/> 10820 Justice Center Drive <input type="checkbox"/> 2501 N. Lake Blvd. P.O. Box 619072                              P.O. Box 5669 Roseville, CA 95661-9072              Tahoe City, CA 96145	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	
<b>WITNESS LIST FOR VIDEO APPEARANCES – SMALL CLAIMS</b>	CASE NUMBER:
TYPE OF HEARING: _____ DATE: _____ TIME: _____ DEPT: _____	

1. I am the  petitioner/plaintiff  respondent/defendant; or  I am appearing for  petitioner/plaintiff  respondent/defendant. (NOTE: if you are appearing on behalf of a named party, you must complete and submit Form SC-109.)

2. I have witnesses I would like to appear by video in my upcoming hearing. Their contact information is:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional page attached with witnesses names, email addresses, and phone numbers.

DATE: \_\_\_\_\_

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 SIGNATURE