

**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	
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA  DEFENDANT:	
<b>STATE OF EMERGENCY:                  REQUEST TO APPEAR IN PERSON (CRIMINAL)</b>	CASE NUMBER:
FOR HEARING SET:    DATE: _____    TIME: _____    DEPT: _____	

1. I am the:  
 defendant  
 attorney for \_\_\_\_\_.
2. The hearing referred to above is currently set to take place by video remote appearance on  
 \_\_\_ / \_\_\_ / \_\_\_\_.
3. I request that  I and/or  my client, be allowed to appear in person. (Please check all that apply.)
4. Reason for requesting to appear in person:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. I understand the court may or may not grant this request.

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

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

\_\_\_\_\_  
 SIGNATURE

<b>FOR COURT USE ONLY</b>	
By Judicial Officer: The request to appear in person is <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	
Date: _____	_____ Judicial Officer