

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:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLACER <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:	
STATE OF EMERGENCY: REQUEST TO APPEAR IN PERSON (FAMILY LAW)	CASE NUMBER:
FOR HEARING SET: DATE: _____ TIME: _____ DEPT: _____	

1. I am the attorney for _____.
2. I am the petitioner/plaintiff respondent/defendant other (*name*):
_____.
3. The hearing referred to above is currently set to take place by telephone and/or video remote appearance on ___/___/____.
4. I request that I, my client, other (*name*): _____ be allowed to appear in person. (Please check all that apply.)
5. Reason for requesting to appear in person:

6. I understand the court may or may not grant this request.
7. This form must be served on all parties.

DATE: _____

 PRINTED NAME

 SIGNATURE

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