

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER

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| 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"/> 11270 B Ave. Auburn, CA 95603 | |
| NAME OF MINOR: | |
| TELEPHONIC APPEARANCE REQUEST (JUVENILE) | CASE NUMBER: |
| TYPE OF HEARING: | DATE: TIME: DEPT: |

1. I am the: minor mother father legal guardian foster parent attorney Probation officer
 sibling or other relative (specify): _____ other (name): _____.
2. I am requesting to appear by telephone at the following number: (_____) _____ - _____.
3. I am requesting a telephonic appearance for the following reason(s): _____
 _____.
4. I understand that I will receive a confirmation email with information on how to connect to the hearing. I would like my confirmation sent to the following email address: _____.
5. I understand that the court, in its discretion, may decide to terminate the telephonic appearance if it is determined during the hearing that I am not available at the time of calendar call, or there is a delay due to disruption, noise, misconduct, a communication problem, a technical problem, or other issue.
6. I understand that the court may decide at any time to require a personal appearance and continue the hearing.
7. I assume the risk of cost, time, delay, technical failure, a wrong number, and/or other issues that may arise out of this telephonic appearance.
8. I understand that except as provided in California Rules of Court, rule 1.150, court proceedings shall not be photographed, recorded, or broadcast.
9. I understand Juvenile Court proceedings are CONFIDENTIAL and only the party listed above may appear on the telephone without further court approval. Violations of confidentiality are subject to sanction.

I have read the advisements of this form and applicable local rules regarding remote appearance requirements.

DATE: _____

 PRINTED NAME

 SIGNATURE