

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:	
RESPONSE TO REQUEST TO APPEAR BY VIDEO: TRIAL OR EVIDENTIARY HEARING in <input type="checkbox"/> Family Law <input type="checkbox"/> Civil <input type="checkbox"/> Probate	CASE NUMBER:
TYPE OF HEARING: _____ DATE: _____ TIME: _____ DEPT: _____	

1. I am the petitioner/plaintiff respondent/defendant counsel for _____
 other (name): _____.

2. I understand that the other party and/or attorney and/or a witness has requested to appear by video. A response, through this form, is only necessary if I wish to appear remotely, or object to the request.

3. I have read and understand the advisements listed on the other party's video appearance request.

4. Select and complete **one** of the following, if applicable:
 I **do not object** to the video appearance, and request that I and/or my client, be allowed to appear remotely, from the following email addresses (*include, as applicable, the attorney, party, and witnesses*):

Name & Role: _____	Email: _____
Name & Role: _____	Email: _____
Name & Role: _____	Email: _____
Name & Role: _____	Email: _____

I **object** to the video appearance for the following reason(s):

5. I have served a copy of this response on the other party.

DATE: _____

_____ PRINTED NAME _____ SIGNATURE _____