

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:	
REQUEST TO APPEAR IN PERSON: CIVIL	CASE NUMBER:
FOR HEARING SET: DATE: _____ TIME: _____ DEPT: _____	

1. I am the Plaintiff Attorney for Plaintiff Defendant Attorney for Defendant
 Other: _____

2. The hearing referred to above is currently set to take place by telephone and/or video remote appearance on (date, e.g. July 1, 2020) _____.

3. Please check all that apply: I request that I my client other _____ be allowed to appear in person.

4. Please state the reason for your request:

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