

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"/> 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: | |
| CONFIDENTIAL REQUEST FOR REMOTE APPEARANCE: VICTIM / VICTIM ADVOCATE | CASE NUMBER: |
| FOR HEARING SET: DATE: _____ TIME: _____ DEPT: _____ | |

1. I am the victim advocate victim victim's family member.

2. Please list the name and contact information for those you are requesting appear remotely.

| Name | Email Address | Phone Number |
|------|---------------|--------------|
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A page with additional names and contact information is attached to this form.

3. **For Victim Advocate:** The victim and/or the victim's family member has consented and authorized me to make this request on their behalf.

4. By signing below I agree to the following:

- I understand and agree that, a remote appearance is the same as an in-person appearance and any actions that occur in the hearing carry the same authority as if all individuals were physically in the courtroom.
- I understand if I am not connected at the time the court calls my case, the court may proceed with the matter without my presence.
- I understand that the court, in its discretion, may decide to terminate the remote appearance if there is a delay due to disruption, noise, misconduct, a communication problem, a technical problem, other issue, or in the interest of justice.
- I understand that except as provided in California Rules of Court, rule 1.150, court proceedings shall not be photographed, recorded, or broadcast. Violators may be cited for contempt of court, or monetary sanctions may be imposed.

DATE: _____

 PRINTED NAME

 SIGNATURE