

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:	
EX PARTE MOTION FOR REMOTE APPEARANCE: RESPONSE <input type="checkbox"/> CIVIL <input type="checkbox"/> PROBATE <input type="checkbox"/> SMALL CLAIMS <input type="checkbox"/> ADOPTION <input type="checkbox"/> FAMILY LAW	CASE NUMBER:
FOR HEARING SET: DATE: _____ TIME: _____ DEPT: _____	

1. I am the Petitioner/Plaintiff Attorney for Petitioner/Plaintiff Respondent/Defendant
 Attorney for Respondent/Defendant Other: _____
2. I understand that the other party and/or attorney and/or witness has motioned to appear remotely, and that a response, through this form, is only necessary if I wish to object.
3. I agree that I will serve a copy of this response on all other attorneys/parties before filing this response, and I will file a proof of service concurrently with this response.
4. I **object** to the remote appearance for the following reason(s):

DATE: _____

PRINTED NAME

SIGNATURE