

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	<i>For Court Use Only</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	Hearing Date: Time: Department:
Family Law Request for Telephone Appearance	CASE NUMBER:

1. I, _____ (name),
 Petitioner Respondent Claimant Minor's Counsel, hereby request to appear by
 telephone for the below reason:

- Live or work outside the State of California in _____
- Live in _____, County, in California, which is _____ miles from the William R. Ridgeway, Family Relations Courthouse.
- I am disabled.
- There is domestic violence involved.
- I will be incarcerated or confined in (specify): _____, prison, jail or other institution at the time of the hearing.
- Other:

If the Court grants the telephone appearance request:
 I will be available at _____ which can accept blocked calls for up to 4 hours after
Area code and telephone number
 the designated calendared time.

The Court orders the request for telephone appearance is:

- Denied
- Granted

Date: _____

 Judge of the Superior Court, County of Sacramento



PROOF OF SERVICE

I, the undersigned, declare I am over 18 years of age, a United States citizen, employed/residing in the county where the mailing occurred, and not a party to the action. My residence/business address is:

I served the Request for Telephone Appearance by depositing a copy thereof in sealed envelopes, postage prepaid, in the United States mail, on _____ at _____, California. Said envelopes were addressed as follows:

I declare under penalty of perjury that the foregoing is true and correct.

DATED

DECLARANT