

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS) TELEPHONE NO.: ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO <input type="checkbox"/> UKIAH Courthouse, State and Perkins Streets 100 North State Street, Ukiah, CA 95482-0337 <input type="checkbox"/> TEN MILE Branch Court 700 South Franklin Street, Fort Bragg, CA 95437	
PETITIONER: RESPONDENT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
REQUEST FOR TELEPHONIC APPEARANCE FOR EVIDENTIARY HEARING – Family Law (This notice must be filed with the court at least five (5) court days before the appearance.)	HEARING DATE: TIME: DEP'T.:

Do not file this form for a Case Management Conference appearance; you do not need approval to appear telephonically for a Case Management Conference. Per Local Rule 1.8, please contact CourtCall, LLC, directly at 1-888-88-COURT.

1. I, (name): _____
 am the petitioner/plaintiff respondent/defendant other parent _____
2. I ask the court to allow me my witness(es), per the attached list, to appear by telephone on my scheduled court date of _____
3. I have the following type of court hearing: Request for Order Court Trial Review Other: _____ on the following issues: _____
4. I would like the court to consider the following information in making its decision whether to allow a telephonic appearance (check all that apply):
 - a. I, or my witness, live or work outside of the state of California in (specify location): _____
 - b. I, or my witness, live in _____ County in California, which is _____ miles from the above courthouse where the hearing is set.
 - c. I, or my witness, am disabled.
 - d. I, or my witness, can not afford to travel to Ukiah or do not have reliable transportation.
 - e. I, or my witness, will be incarcerated or confined in (specify): _____
 - f. Other: _____
5. I agree to be responsible for the costs and arrangements of this telephonic appearance. I understand if my request is approved, I must set up my telephonic appearance through, and pay all costs to, CourtCall, LLC, (an independent company), or obtain a signed order for a *Fee Waiver* prior to my hearing date.

I declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

 (TYPE OR PRINT NAME) (SIGNATURE)