

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address and telephone #):  STATE BAR NO: ATTORNEY FOR (Name): <b>MARIN COUNTY SUPERIOR COURT</b> 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	<i>FOR COURT USE ONLY</i>
PLAINTIFF / PETITIONER:  VS.  DEFENDANT / RESPONDENT:	
<b>REQUEST FOR TELEPHONIC APPEARANCE</b> (California Rule of Court 3.670)	CASE NUMBER:

HEARING TYPE: _____	DATE: _____	TIME: _____ AM / PM	DEPT.: _____
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1. I am the  Plaintiff / Petitioner  Plaintiff's / Petitioner's Counsel  Defendant / Respondent  
 Defendant's / Respondent's Counsel  Other: \_\_\_\_\_
2. I request the court to allow me to appear from the following telephone number: \_\_\_\_\_
3. I request to appear telephonically for the following reason: \_\_\_\_\_
- \_\_\_\_\_
4. I have filed this request at least twelve (12) court days prior to the hearing and will serve all parties/ attorneys with this form within one (1) court day after filing the form.
5. I understand that the court, in its discretion, may decide to terminate the telephone appearance if it determines during the hearing that I am not available at the calendar call, or delay it due to disruption, noise, misconduct, a communication problem, a technical problem, or other issue.
6. I understand the court may decide at any time to require a personal appearance and continue the hearing.
7. I assume the risks of cost, time, delay, repeated telephone calls, technical failure, a wrong number, and/or other issues that may arise out of this telephone appearance.

I have read the advisements of this form, and I understand that the terms apply to me.

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

\_\_\_\_\_  
*DATE*                                  *PRINTED NAME*                                  *SIGNATURE*

The request is  GRANTED  DENIED

\_\_\_\_\_  
*DATE*                                  *JUDICIAL OFFICER OF THE SUPERIOR COURT*

*Distribution: Original - Court File; Copy - Party / Counsel*