

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF CALAVERAS

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 CALAVERAS 400 GOVERNMENT CENTER DRIVE SAN ANDREAS 95249 209-754-9800	
PETITIONER: RESPONDENT:	
REQUEST FOR IV-D CHILD SUPPORT REMOTE APPEARANCE VIA ZOOM	
TYPE OF HEARING: _____ DATE: ____ TIME: ____ COURTROOM: 4	

1. I am the ☐ petitioner ☐ petitioner's counsel ☐ respondent ☐ respondent's counsel ☐ Other: _____
2. I request the court to allow me to appear from the following email address: _____
3. I request to appear via Zoom for the following reason: _____

4. I have filed this request at least five (5) 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 Zoom appearance if it determines during the hearing that I am not available at the calendar call or delay 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, technical failure, a wrong email address, and/or other issues that may arise out of this Zoom appearance.
8. I understand that except as provided in California Rules of Court, rule 1.150, court proceedings shall not be photographed, recorded, or broadcast.

I have read the advisements of this form and Local Rules 5.15, and I understand that the terms apply to me.

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

DATE: _____

 PRINTED NAME SIGNATURE

FOR COURT USE ONLY	
By Judicial Officer: The request is <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	
Date: _____	_____ Judicial Officer