

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) Telephone No.: _____ Fax No. : _____ ATTORNEY FOR (NAME): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF GLENN 526 West Sycamore Street Willows, CA 95988	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
REQUEST FOR REMOTE APPEARANCE	Case No.: _____

1. I am: (a) attorney for Petitioner/Plaintiff or Respondent/Defendant
 (b) self-represented petitioner or self-represented respondent
 (c) other (explain): _____
2. I ask the court to allow me _____ to appear remotely on
 (date) _____ (time) _____ in Department _____ of the above-named court.
3. I would like the court to consider the following information in making its decision whether to allow a remote appearance (check all that apply). (Note: The court can still deny your request, even though boxes are checked.)
- a. I live or work outside the state of California in (specify location): _____.
- b. I live in _____ County in California, which is _____ miles from the above courthouse where the hearing is set.
- c. I am disabled.
- d. I am asking not to appear personally because of domestic violence.
- e. I will be incarcerated or confined in (specify: _____ prison, jail, or other institution at the time of the hearing.
- f. Other (specify) _____
4. (a) I have submitted this request at least 5 days prior to the hearing.

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

Date: _____

 Print Name

 Signature

For Court Use Only – Do not write below this line

Request Granted:

Request Denied:

Date: _____

Judicial Officer