

Attorney or Party Without Attorney (Name, State Bar No., and Address): Phone Number: Fax Number: Email Address:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA COUNTY OF EL DORADO <input type="checkbox"/> 495 Main Street, Placerville, CA 95667 <input type="checkbox"/> 295 Fair Lane, Placerville, CA 95667 <input type="checkbox"/> 1354 Johnson Blvd., South Lake Tahoe, CA 96150	
TITLE OF CASE:	CASE NUMBER:
APPLICATION AND ORDER FOR VIDEOCONFERENCE APPEARANCE (CRIMINAL & TRAFFIC)	

1. Applicant Information:

Party Type: Plaintiff/Petitioner Defendant/Respondent Other: _____

Name: _____

Phone: _____

Email: _____

2. I am requesting a videoconference appearance for the following reason(s): _____

3. Hearing date: _____ Time: _____ Department: _____

Date: _____

Applicant or Attorney Signature

COURT ORDER

The Court has reviewed the application for videoconference appearance and any objections to the request and makes the following ruling: Application Granted Application Denied

Date: _____

Judicial Officer