

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address):  TELEPHONE NO.: FAX NO.: EMAIL ADDRESS:	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO</b>  <input type="checkbox"/> 495 Main Street, Placerville CA 95667 <input type="checkbox"/> 1354 Johnson Blvd., South Lake Tahoe CA 96150	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	CASE NUMBER:
<b>REQUEST FOR TELEPHONE APPEARANCE          CHILD CUSTODY RECOMMENDING COUNSELING (CCRC)</b>	

I, \_\_\_\_\_, request the Court's approval to appear for the CCRC appointment scheduled on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

My contact number is \_\_\_\_\_.

I am requesting to participate by telephone for the following reasons:

- I live more than 120 miles away from the courthouse location for the appointment.
- I have a medical issue that restricts travel (Physician's note attached).
- Other (please explain):

\_\_\_\_\_

\_\_\_\_\_

If granted, I understand that the CCRC will call the above number at my appointment time and I will be in a private place with no other persons present, where I can fully participate without disruption, including no children, friends or attorney listening to the call or providing me with advice using any other means of media. I understand that this form must be filed at least five (5) days before my child custody recommending counseling appointment.

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Signature

<b>FOR COURT USE ONLY</b>	
By Judicial Officer: The request for a videoconference appearance is <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	
Dated: _____	_____
	Judicial Officer
Notified party and/or their attorney of this order:	
Date: _____	_____
	Deputy Clerk