

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 EL DORADO <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:
REQUEST FOR TELEPHONE APPEARANCE CHILD CUSTODY RECOMMENDING COUNSELING (CCRC)	

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

FOR COURT USE ONLY	
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