

Attorney or Party Without Attorney (Name, State Bar No., and Address):	FOR COURT USE ONLY
Phone Number: Fax Number: Email Address:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SISKIYOU 411 FOURTH STREET YREKA, CA 96097	
TITLE OF CASE:	CASE NUMBER:
REQUEST AND ORDER FOR REMOTE APPEARANCE	

1. Requester Information:

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

Name: _____

Phone: _____

Email: _____

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

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

I understand my request must be submitted 5 court days prior to the hearing date. All rules of courtroom civility and decorum apply to a remote appearance and is equivalent to an in person appearance.

Date: _____

Applicant or Attorney Signature

COURT ORDER

The Court has reviewed the request to appear remotely or by telephone and any objections to the request and makes the following ruling: Request Granted Request Denied

Party is required to provide an accurate email address and telephone number to be verified prior to being let in on the videoconference/phone platform.

Date: _____

Judicial Officer