

ATTORNEY OR PARTY WITHOUT ATTORNEY Name:  Street Address: Mailing Address: City and Zip Code: Telephone Number:  ATTORNEY FOR (Name)	<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	
<b>REQUEST FOR TELEPHONIC APPEARANCE CHILD CUSTODY RECOMMENDING COUNSELING (CCRC)</b>	CASE NUMBER

I, \_\_\_\_\_, request the Court's approval to appear for the CCRC scheduled for \_\_\_\_\_ by telephonic appearance.

I will call the following number the day of the appointment:

- (530) 621-6726 for appointments before 1:00PM in Placerville.
- (530) 621-6725 for appointments after 1:00PM in Placerville.
- (530) 573-3075 for all South Lake Tahoe appointments.

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 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.

**Date:** \_\_\_\_\_  
**Signature of Party**

The request for Telephonic CCRC is hereby:  GRANTED  DENIED

**Date:** \_\_\_\_\_  
**Judge of the Superior Court**

Provided a copy to party or Attorney/Message to Party: \_\_\_\_\_  
(Date) (Court Clerk's Initials)