

ATTORNEY OR PARTY WITHOUT ATTORNEY TELEPHONE NO. ATTORNEY FOR (<i>Name</i>)	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO MAILING AND STREET ADDRESS: CITY AND ZIP CODE:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
APPLICATION FOR VIDEOCONFERENCE APPEARANCE AND ORDER	CASE NUMBER:

1. Party requesting videoconference appearance is:

- Plaintiff/Petitioner (*name*): _____.
 Defendant/Respondent (*name*): _____.
 Other (*name*): _____

2. The conference, hearing, or proceeding is for (*describe*): _____

3. Videoconference appearance is requested for the following reason:

4. The proceeding is set on (*date*): _____ at (*time*): _____ in Department: _____.

Date:

Date:

 Attorney for Applicant (*Signature*)

 Applicant (*Signature*)

COURT ORDER

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

- Request granted
 Request denied
 Request for videoconference appearance is set for hearing on (*date*): _____ at

(*time*): _____ in Department: _____.

Dated: _____

 Judicial Officer