		500.00//0	
ATTORNEY OR PARTY WITHOUT ATTORNEY NAME:	STATE BAR NUMBER:	FOR COUR	USE ONLY
NAME: FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE: ZIP CODE:		
TELEPHONE NO:	FAX NO:		
EMAIL ADDRESS:			
ATTORNEY FOR:			
SUPERIOR COURT OF CALIFORN	IA COUNTY OF EL DOR	ADO	
🗆 2850 Fairlane Court, Suite 120, Plac	erville, CA 95667		
□ 495 Main Street, Placerville, CA 956	67		
🗆 1354 Johnson Blvd., South Lake Tał	ioe, CA 96150		
□ 295 Fair Lane, Placerville, CA 95667			
2927 Meder Road, Cameron Park, C			
TITLE OF CASE:		CASE NUMBER	)
REQUE	ST FOR TELEPHONIC API	PEARANCE	
Type of Hearing:	Date:	Time:	Dept:
1. I am the $\Box$ petitioner $\Box$ petitioner's coun	sel 🗆 respondent 🗆 responde	nt's counsel 🗆 Other:	
2. I request the court to allow me to appear			
	<b>-</b> .	. ,	
3. I request to appear telephonically for the	following reason:		
<ol> <li>I have filed this request at least twelve (1, form within one (1) court day after filing the</li> </ol>	e form.		-
<ol> <li>I understand that the court, in its discretic the hearing that I am not available at the problem, a technical problem, or other iss</li> </ol>	calendar call or delay due to di		
6. I understand the court may decide at any	time to require a personal app	earance and continue the hea	aring.
7. I assume the risks of cost, time, delay, re that may arise out of this telephone appe		al failure, a wrong number, a	nd/or other issues
8. I understand that except as provided in C photographed, recorded, or broadcast.	alifornia Rules of Court, rule 1.	150, court proceedings shall	not be
I have read the advisements of this form	and Local Rules 7 02 00 and L	understand that the terms an	nlv to me
I declare under the penalty of perjury und		ornia that the foregoing is tru	e and correct.
DATE:			
PRINTED NAME		SIGNATURE	
			-
	FOR COURT USE ONLY		
By Judicial Officer: The request is  GR	ANTED 🗆 DENIED		
Date:	Signed: Judicial Officer		
	Judicial Officer		
Mandatory use R Local Form M-52	equest for Telephonic Appe	arance	Page 1 of 1

Revised 04/01/2025