

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address) State Bar No. _____  TELEPHONE NO. _____ FAX NO. (OPTIONAL) _____  EMAIL ADDRESS (Optional) _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LASSEN 2610 Riverside Drive, Susanville, CA 96130	
PETITIONER / PLAINTIFF: _____  RESPONDENT / DEFENDANT: _____	
<b>REQUEST FOR ZOOM APPEARANCE</b>	CASE NUMBER: _____

APPEARANCE DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

JUDGE: \_\_\_\_\_ NATURE OF HEARING: \_\_\_\_\_

REQUESTING PARTY TYPE/NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

REQUESTING PARTY'S ROLL IN PROCEEDING: \_\_\_\_\_

(Attorney, Plaintiff, Defendant, Witness, Victim, Social Worker, etc.)

Not less than 2 court days prior to the hearing, a copy of this document was served on all other parties and by my signature below, I agree to provisions of the Rule/Order/Procedure RE: ZOOM Appearances.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
Requesting Party's Signature

**ORDER**

**The foregoing Declaration having been read and considered, and good cause appearing:**

The Court grants the request to appear by ZOOM.

The Court denies the request to appear by ZOOM.

It is further ordered that: \_\_\_\_\_

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

**Judge of the Superior Court**