

**SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF SIERRA**

PLAINTIFF/PETITIONER:	FOR COURT USE ONLY	
DEFENDANT/RESPONDENT:		
OTHER:		
<b>REQUEST TO APPEAR IN PERSON AND ORDER THEREON</b>		
<b>FOR COURT MATTER SET ON DATE:</b>	<b>TIME:</b>	CASE NUMBER:

- I am the  attorney for  petitioner/plaintiff  respondent/defendant  other (*name*):
- The court matter referenced above is currently set to take place by telephone and/or video remote appearance (i.e. Zoom).
- I request I be allowed to appear in person before the court for the above-referenced court matter as the designated date and time.
- Reason for requesting to appear in person:

5. I notified all other parties by  fax,  email,  telephone of this request on

6. I received the following response(s) from opposing counsel/party(ies).  
Party(ies) objecting, and reason(s) stated:

**ADVISEMENT REGARDING IN PERSON APPEARANCE**

- While any local, state and/or federal COVID-19 guidance or mandates are in effect, I understand and agree the Court may modify any terms and conditions which pertain to my in-person appearance at any time, including but not limited to:
  - Suspending any Court proceeding;
  - Directing me to exit the Court premises; and/or
  - Notifying appropriate authorities of any conduct which does not comply with the Court's in-person authorization and order.
- I acknowledge and agree to adhere to all Sierra County Superior Court, County of Sierra, State of California and CDC guidelines with respect to Covid-19, and, in particular, stopping the spread of Covid-19.
- I will wear an approved face covering at all times I am inside the courthouse building which covers my nose and mouth. (See Executive Order 2000-01 Effective September 18, 2020 on the Court's website at: [www.sierra.courts.ca.gov](http://www.sierra.courts.ca.gov))
- I will inform court staff and not enter the courthouse building in the event I am exhibiting or have experienced any of the following conditions: Fever over 100.4 degrees \* Cough, shortness of breath or difficulty breathing \* New loss of taste or sense of smell \* Fatigue, muscle or body aches, headache \* Sore throat, congestion or runny nose \* Nausea, vomiting or diarrhea.
- I will inform the court staff and not enter the courthouse building in the event I can answer yes to any of the following criteria: Have you traveled internationally within 14 days of the date of the in-person appearance? \* Have you had close contact with or cared for someone diagnosed with COVID-19 within 14 days of the in-person appearance? \* Have you been in close contact with anyone who has traveled internationally within 14 days of the in-person appearance? \* Have you or anyone you have been in close contact with experienced any cold or flu-like symptoms in the 14 days preceding the in-person appearance? (including those listed above).

You are obligated to notify the Court promptly if the facts and circumstances surrounding any aspect of this application change prior to the time of the in-person appearance.

I agree to the terms and conditions in the Advisement above becoming an order of the Court if this request is approved by the Court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>FOR COURT USE ONLY</b>	
The request to appear in person is	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED
GOOD CAUSE APPEARING, IT IS SO ORDERED:	
Date:	_____
	Judicial Officer

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	
OTHER:	

**PROOF OF SERVICE**

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. My residence or business address is (specify):
3. I served a copy of the foregoing Request for Telephone Appearance and all attachments as follows (check a, b, or c for each person served):
  - a.  **Personal delivery.** I personally delivered a copy and all attachments as follows: (1)
 

Name of party or attorney served:

    - (a) Address where delivered:
    - (b) Date delivered:
    - (c) Time delivered:
  - b.  **Mail.** I am a resident of or employed in the county where the mailing occurred.
    - (1) I enclosed a copy in an envelope and
      - (a)  deposited the sealed envelope with the United States Postal Service with the postage fully prepaid.
      - (b)  placed the envelope for collection and mailing on the date and at the place shown below, following ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
    - (2) Name of party or attorney served:
      - (a) Address where delivered:
      - (b) Date mailed:
      - (c) Place of mailing (city and state).
  - c.  **Other** (specify):
 

Additional page is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature of Person Who Served Request)