

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
REQUEST TO APPEAR REMOTELY—JUVENILE DEPENDENCY	CASE NUMBER:

INSTRUCTIONS

For a juvenile dependency proceeding, any person entitled to be present under rule 5.530(b) of the California Rules of Court who wishes to appear remotely must (1) complete and file this form with the juvenile court and (2) serve a copy of the completed form on every other person entitled to be present by any means authorized by law reasonably calculated to ensure receipt by the applicable deadline. If the person gave or received 10 or more days' notice of the proceeding, they must file and serve the form to ensure receipt no later than 5 court days before the proceeding. If the person gave or received less than 10 days' notice, they must file and serve the form to ensure receipt no later than 3 court days before the proceeding. Each person must file and serve a separate form.

If a witness, including a party who will give oral testimony, wishes to appear remotely, the attorney for any party may make a request on the witness's behalf by filing and serving this form as required above, but only after obtaining the consent of all the parties to the witness's remote appearance and indicating in item 4 that all the parties have given the required consent.

If the court grants this request, permission to appear remotely remains subject to revocation on the court's later determination, including during the proceeding, that an in-person appearance is necessary.

1. The proceeding is a (name or description, if known):

on (date): _____ at (time): _____ in (department): _____
 before (name of judicial officer, if known): _____

2. Person requesting to appear remotely (check one):

- a. Child or nonminor dependent
- b. Attorney for child or nonminor dependent
- c. Parent, legal guardian, or Indian custodian
- d. Attorney for parent, legal guardian, or Indian custodian
- e. Social worker
- f. County counsel
- g. Attorney for, or other representative of, Indian child's tribe
- h. Court Appointed Special Advocate (CASA) volunteer
- i. De facto parent
- j. Foster parent
- k. Adult relative
- l. Other person who will give oral testimony (capacity in which testifying):
- m. Other (role in the proceeding):

3. If this request is granted, the person plans to appear by (check preferred method, based on information on the court's website about technology appropriate for remote appearance): Videoconference Audio only (including telephone)

CHILD'S NAME:	CASE NUMBER:
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4. This request is by, or on behalf of, a person who will give oral testimony at the proceeding. All parties who have appeared have given consent to that person's remote appearance. *(For each party who has appeared, check the appropriate item and give the party's name and contact information. If an item does not describe any party—for example, item 4f if the child is not an Indian child—check "not applicable" for that item.)*

a. Attorney for child or nonminor dependent

- (1) Name:
- (2) Address:
- (3) Telephone number:
- (4) Email address:

b. Attorney for child or nonminor dependent

Not applicable

- (1) Name:
- (2) Address:
- (3) Telephone number:
- (4) Email address:

c. Attorney for parent, legal guardian, or Indian custodian

- (1) Name:
- (2) Address:
- (3) Telephone number:
- (4) Email address:

d. Attorney for parent, legal guardian, or Indian custodian

Not applicable

- (1) Name:
- (2) Address:
- (3) Telephone number:
- (4) Email address:

e. County counsel

- (1) Name:
- (2) Address:
- (3) Telephone number:
- (4) Email address:

f. Attorney for, or other authorized representative of, Indian child's tribe

Not applicable

- (1) Name:
- (2) Address:
- (3) Telephone number:
- (4) Email address:

g. Other party or attorney *(role in the proceeding)*:

Not applicable

- (1) Name:
- (2) Address:
- (3) Telephone number:
- (4) Email address:

Continued on Attachment 4. *(If more parties have appeared, attach a separate sheet and give the role in the case, name, address, phone number, and email address of each additional party or attorney. You may use form MC-025 for this purpose.)*

5. I request permission to appear remotely at the proceeding identified in item 1. I agree to preserve the confidentiality of the proceeding to the same extent as would be required if I were appearing in person.

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)