

SPECIAL COURT APPEARANCE

contact@specialcourtppearance.com

818 232 3190 phone
818 232 3194 facsimile

BANKRUPTCY APPEARANCE REQUEST

Attorney/Firm _____ Contact Name _____

Phone number _____ Email _____

Address _____ City/State _____

Emergency Name and Cell Phone No _____

Appearance Date _____ Time _____ Dept _____

Courthouse City: _____

Court address _____

Type of Hearing: _____ Chapter _____

Case Name _____ Case No _____

Your Clients Name _____

Do you represent Debtor? _____ Other _____

Name of Trustee: _____

Desired Result _____

List available future dates _____

Are you attaching any documents to this request _____

Please make sure to instruct your client to bring to the hearing government photo ID and original Social Security Card or proof of SSN