

SPECIAL COURT APPEARANCE

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CIVIL APPEARANCE REQUEST

Attorney/Firm _____ Contact Name _____

Phone number _____ Email _____

Address _____ City/State _____

Emergency Name _____ Cell Phone No _____

Appearance Date _____ Time _____ Dept _____

Courthouse City: _____ Court address _____

Type of Hearing: _____

If OSC Re: _____ Date Complaint Filed _____

Case Name _____ Case No _____

Your Clients Name _____ Plaintiff/Defendant _____

Brief Description of the case _____

All parties Served? _____ POS filed? _____ Damages amount _____

All parties answered? _____ Any Defaulted parties? _____

Discovery Status _____ Motions Pending _____

Set Case for Trial? _____ Jury/Bench _____ Number of days _____ Agree to ADR? _____

Med/Arb _____ CMC Statement Filed? _____ Copy Attached _____

Desired Result _____

List available future dates _____