ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY				
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name)					
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 West Main Street					
El Centro, CA 92243					
Petitioner/Plaintiff:					
Respondent/Defendant:					
Other Parent/Party:					
NOTICE OF TELEPHONE APPEARANCE	Case Number:				
<ol> <li>I am the □ Petitioner/Plaintiff □ Respondent/Defendant □ Other Party in this case. I hereby notify the court and all parties that I will make an appearance by telephone.</li> </ol>					
2. A hearing in this matter is scheduled for					
Date:					
Time:am/pn	1				
Dept:					
3. I will make an appearance by telephone because:					

4. The parties listed below have been served with a copy of this *Notice of Telephone Appearance* at least five (5) court days before the hearing:

a)		, who lives in		, was served on:		
	Name		County		date	
b)	Name	, who lives in	County	, was served on:	date	<u> </u>
c)	Name	, who lives in	County	, was served on:	date	·

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

Date:\_\_\_\_\_

*Type or print your name* 

Signature