ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address):			FOR COURT USE ONLY
Tele	ephone No.:	Fax No. (<i>Optional</i>):	
	lail Address (<i>Optional</i>):		
		ALIFORNIA, COUNTY OF MARIPOSA	
Cas	se Name:		
	NOTICE OF INT	ENT TO APPEAR BY VIDEO	CASE NUMBER:
TYP	E OF HEARING:	DATE:	TIME:
1)	I am the Petitioner Defendar	nt Other (Name):	
2)	The email address I would like my remote appearance information sent to is:		
3)	I request to appear by video for the following reason(s):		
<u></u>	•	ional witnesses to this form, if needed.) Email Address	Phone Number
5)	I understand and agree that when appearing remotely, I may not receive assistance from anyone other than Counsel, an interpreter or an individual appointed by or approved by the Court when I am appearing remotely.		
6)	I understand and agree that, a remote appearance is the same as an in-person appearance and any actions that occur in the hearing carry the same authority as if all individuals were physically in the courtroom.		
7)	I understand if I am not connected at the time the court calls my case, the court may consider it a failure to appear.		
8)	I understand that the court, in its discretion, may decide to terminate the remote appearance if there is a delay due to disruption, noise, misconduct, a communication problem, a technical problem, other issue, or in the interest of justice.		
9)	I understand that a failure to appear or termination of the remote appearance may result in the issuance of a warrant, a requirement that I appear in court, in person and/or a continuance or the court hearing.		
10)	understand the court may decide at any time to require a personal appearance and continue the hearing. I understand that except as provided in California Rules of Court, Rule 1.150, court proceedings shall not be photographed, recorded, broadcast, ove-streamed. Violators may be cited for contempt of court, or monetary sanctions may be imposed.		
	 Date		Signature