

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address):
NAME:
ADDRESS:
CITY, STATE, ZIP:

TELEPHONE NO:
FAX NO. (Optional):
EMAIL ADDRESS:
ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ
 701 Ocean Street, Room 120, Santa Cruz, CA 95060
 1 Second Street, Room 300, Watsonville, CA 95076

PEOPLE OF THE STATE OF CALIFORNIA
vs.
DEFENDANT:

**REQUEST AND ORDER FOR REMOTE APPEARANCE AT TRIAL
(INFRACTIONS AND MINOR VIOLATIONS ONLY)**

CASE NUMBER:

I am requesting to appear remotely for my Court Trial. Good cause exists for my request because I have a Medical Hardship Financial Hardship Travel Hardship
(Provide an explanation below or attach documents.)

I understand that by requesting to appear remotely:

- 1. I consent to conducting the proceedings remotely.
- 2. I consent to permitting law enforcement witnesses (including the citing officer) and prosecution witness to appear **remotely**, if they choose, unless otherwise ordered by the Court.
- 3. The Court may still require any party to appear in person to Court.
- 4. I still have the right to appear in person in Court.
- 5. I agree to read and follow the guidelines and recommendations on appearing remotely posted on the Court's website.
- 6. My evidence does not get submitted prior to my hearing. Any evidence I have will be shared using Zoom.

Defendant's signature: _____ Date: _____

ORDER ON REMOTE APPEARANCE

YOUR REQUEST FOR REMOTE APPEARANCE IS:

GRANTED **HEARING SET FOR:** _____ **DENIED**

Date: _____

Judicial Officer