

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):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ <input type="checkbox"/> 701 Ocean Street, Room 120, Santa Cruz, CA 95060 <input type="checkbox"/> 1 Second Street, Room 300, Watsonville, CA 95076	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	CASE NUMBER:
REQUEST AND ORDER FOR REMOTE APPEARANCE AT TRIAL (INFRACTIONS AND MINOR VIOLATIONS ONLY)	

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