

ATTORNEY OR PARTY WITHOUT ATTORNEY (name, state bar number, and address):		<b>FOR COURT USE ONLY</b>
<p>TELEPHONE NO.:</p> <p>E-MAIL ADDRESS (optional):</p> <p>ATTORNEY FOR (name):</p>		
<p><b>Superior Court of California County of San Francisco 400 McAllister Street San Francisco, CA 94102</b></p>		
<b>IN THE MATTER OF:</b>		Minor(s)
<p><b>Declaration Regarding Notice of Application for Telephonic Appearance (LR 12.14)</b></p> <p>Hearing Date: _____ Time: _____ Dept: _____</p>		CASE NUMBER: _____

I, the undersigned, declare:

1. I gave notice of the ex parte Application for Telephonic Appearance:

a. TO:  Mother's attorney  
 Father's attorney  
 Child(ren)'s attorney  
 City attorney  
 Other: \_\_\_\_\_

b. HOW AND WHEN:

By a telephone call at \_\_\_\_\_  a.m.  p.m. on \_\_\_\_\_.  
(date)

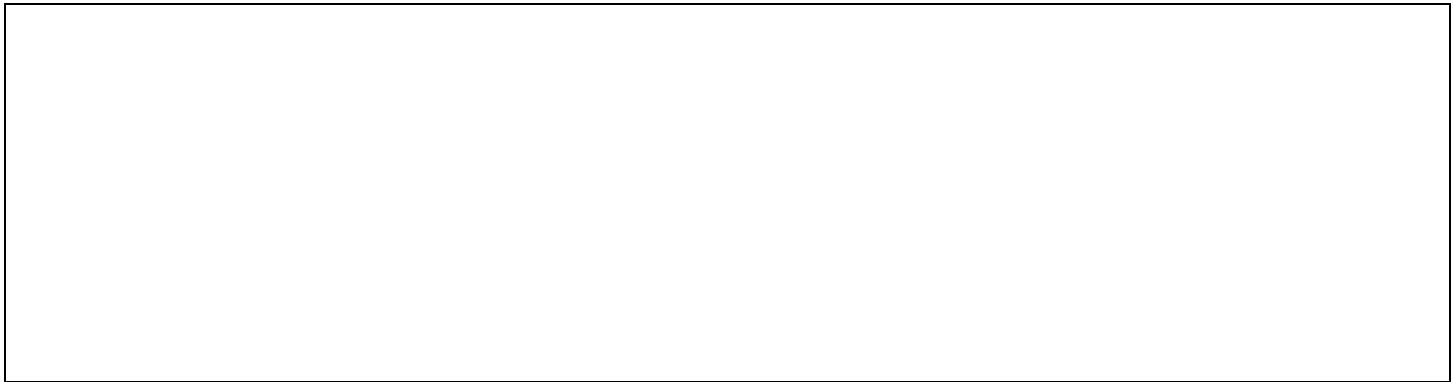
By personally informing at \_\_\_\_\_  a.m.  p.m. on \_\_\_\_\_.  
(date)

By giving copy of the Application and Declaration for Telephonic Appearance by:

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OTHER:

2. At the time of the notice I informed him/her that the application for ex parte orders contained requests for the following order: Request to appear by a telephone at my court hearing.
3. I have received the following response:



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

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

\_\_\_\_\_ (PRINT NAME)

\_\_\_\_\_ (SIGNATURE)

