

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): TELEPHONE NO.:  ATTORNEY FOR (Name):	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA</b> STREET ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	
<b>ORDER ON REQUEST FOR TELEPHONE APPEARANCE (Governmental)</b>	CASE NUMBER:

**THE COURT ORDERS:**

- Request is denied.
- Request is granted. You must contact CourtCall at 1-888-882-6878 to make arrangements.
- \_\_\_\_\_ is ordered to give notice to all parties (the local child support agency and other parent) and attorneys, if any, by personal delivery, fax, express mail, or other reasonable means to ensure notification no later than 5 court days before the hearing date.
- The clerk shall give notice as stated above.
- Other: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Judge/Commissioner of the Superior Court

**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this action and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown, and that the mailing of the foregoing and execution of this certificate occurred at \_\_\_\_\_, California on the below date.

Angela Braun, Executive Officer

Dated: \_\_\_\_\_

By \_\_\_\_\_, Deputy