ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): TELEPHONE NO.:		FOR COURT USE ONLY
ATTORN	IEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIO	NER/PLAINTIFF:	
RESPON	IDENT/DEFENDANT:	
	ORDER ON REQUEST FOR TELEPHONE APPEARANCE (Governmental)	CASE NUMBER:
THE C	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 partie and other parent) and attorneys, if any, by personal delivery, fax, exp means to ensure notification no later than 5 court days before the he	ress mail, or other reasonable
	The clerk shall give notice as stated above.	
	Other:	
Dated		
	Judge/Comn	nissioner 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.		
	Darrel E. Park	er, Executive Officer
Dated	By	, Deputy