

ATTORNEY OR PARTY WITHOUT ATTORNEY (name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (optional): _____ E-MAIL ADDRESS (optional): _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY
Superior Court of California County of San Francisco 400 McAllister Street San Francisco, CA 94102	
IN THE MATTER OF: <div style="text-align: right;">Minor(s)</div>	
Order Re: Telephonic Appearance Hearing Date: _____ Time: _____ Dept: _____	CASE NUMBER: _____

ORDER

Mother's Father's request to appear by telephone at the hearing scheduled for _____ is hereby
 GRANTED DENIED.

The Court will call the party appearing by telephone on the date of the hearing. If the Court is unable to contact the party seeking to appear by telephone due to non-operation of the telephone or for any other reason, the Court will proceed with the hearing as if the party failed to appear.

Notification of this order shall be served on all parties, including the other parent, by the following individual or entity designated:

- The moving party
- The Court
- Other: _____

The notification shall be done by any reasonable means, including by telephone, fax or mail.

This Order applies only to the above-referenced hearing.

Dated: _____

 JUDGE OF THE SUPERIOR COURT