



Criminal

CRIMINAL APPEARANCE REQUEST FORM

When Completed Fax this form, the Credit Card Authorization & any documents you think the appearing attorney should review to **877-306-7037**

Appearance Information

Appearance Date

Appearance Time

May We Appear on Second Call?

Yes

No

Case Name & Case Number

What Charges Have Been Filed or Anticipated

What degree of charges

Explain Charges, if helpful

Multiple Defendants

Yes

No

Type of Appearance

Details of Type of Appearance, if necessary to clarify above

Type of Case/Facts (Brief Description of case and other relevant facts needed for appearance)

Client In Custody	Yes	No
Any existing past warrants	Yes	No
Any Failures To Appear (FTA) Outstanding	Yes	No

Explain in detail facts & circumstances of any warrants or FTA's

Court Information

Court Branch / Department /Judge

Courtroom Phone

Place to Appear

City

State

Zip Code

Client Information

Full Name(s) of Defendant(s) You Represent

Client's Driver License Number

Client's Booking Number

Client's Date of Birth

Attorney Information

Attorney Record

Name of California attorney of record requesting service?

Law Firm Name

Street Address

City

State

Zip Code

Attorney of Record's DIRECT Phone (Cell & Office)

Please provide a phone number for urgent contact.

Attorney Email

Enter Email

Confirm Email

Attorney Facsimile

Reason Attorney of Record is not able to appear (Only to use if judge asks)

Continuance of Hearing Requested?

Yes

No

Complied with PC Section 1050?

Yes

No

If no, if a Section 1050(d) hearing is held, extra charges apply

Basis of Continuance Request (Good Cause should be explained in detail and should comply and meet PC Section 1050 criteria and related good cause requirements)

Unavailable Dates For Any Future Appearances

Case Ready for Trial / Not Ready, Why / Trial Length; Explain

Any Bail Related Issues, bond stand, exonerated, Explain facts & position

You Have PC Section 977a authorization? Yes No

Will Client Be Present At Appearance Yes No

Do you grant a time waiver authority to us - Choose One in Drop Down

Should We Obtain Discovery from the People? Yes No

If specific Discovery is to be expected from the People, list it

Desired Outcome / Additional instructions

Additional Information we need to help achieve it

By submitting this form you are agreeing that you have read, understood, and agree with the Terms of Service & Agreement. Please provide your signature below to complete the form and your agreement.

Signature Here