

Civil

CIVIL 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
Case Name & Case Number
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)
Type of ease/races (Brief Description of ease and other relevant facts freeded for appearance)
Attorney Information
Name of Attorney of Record *
Law Firm Name
Address of Attorney of Record
City State Zip Code
Attorney's Direct Contact Numbers (Office & cell)

Email for Attorney of Record *	
Enter Email Confirm Email	
Facsimile of Attorney	
Status of Client	
Court Information	
Court Branch / Department /Judge	
Place to Appear	
Street Address	_
City State Zip Code	_
Client Information	
Full Name(s) of Defendant(s) You Represent	\neg
Does Your Client Currently Demand or Waive a Jury Trial?	
	ン <u></u>
Injuries and Damages (Medical / LOE)	
Summarize injuries and damages as applicable	
All Parties Served & Appeared Yes No	
Who Is Not served; Why; When will be served, explain details here	
Continuance of Hearing Requested Yes No	<u> </u>

Basis of Continuance Request (Good Cause should be explained in detail and how long)
Unavailable Dates For Any Future Appearances
Case Ready for Trial / Not Ready / Why / Trial Length; explain
Discovery Status (Optional)
Summarize what discovery is complete, what discovery remains incomplete and when counsel anticipates completion date
ADR Desired(Type, When, Other)
Desired Outcome / Additional Instructions *
Your desired outcome and any additional information we need to help achieve it.
Will Client Be Present at Appearance? Yes No
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