

Attorney or Party without Attorney Name: Street Address: Mailing Address: City and Zip Code: Telephone No: _____ Fax No: _____ Attorney for: (Name)	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: 2260 N Street MAILING ADDRESS: 627 W. 21ST Street CITY AND ZIP CODE: Merced, CA 95340 Branch Name/Location: Family Law Division, CCRC-FCS Offices	
REQUEST FOR TELEPHONIC CHILD CUSTODY RECOMMENDING COUNSELING (CCRC)	Case Number: _____

I _____ request the Court's approval to conduct the CCRC scheduled for _____ by a telephonic appearance. I understand that if granted, I will be contacted and given notice of the possible six (6) hour time period in which the CCRC will be held. The telephone number provided below is the number where I can be reached throughout that time period. I am requesting to participate by telephone for the following reasons: _____

I, _____, submit that this is a true and correct telephone number of where I can be reached for the purpose of Court contact and CCRC: _____
 Telephone number including area code

Date: _____

Signature of Party

The request for Telephonic Mediation is hereby: **GRANTED** **DENIED**

Date: _____

Judicial Officer

Provided a copy to party or Attorney/Message to Party: _____ by: _____
 (Date) (Court Clerk's Initials)