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:_____

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)