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

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)