

# SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN FRANCISCO

400 McAllister Street, San Francisco, CA 94102

Phone: 415-551-4000 | Website: <https://sfsuperiorcourt.org>



## TELEPHONIC REQUEST PROCEDURE FOR SMALL CLAIMS

If you are requesting a telephonic appearance you will need to do the following:

1. At least 10 days before the hearing the party requesting to appear by telephone must obtain and submit the following forms to the Court:
  - Request to Appear by Telephone;
  - Declaration Re: Request to Appear by Telephone;
  - Order Re: Request to Appear by Telephone.
2. Fill out pages 2, 3, and the top half of page 4. Mail these original forms, with one set of copies, and a self-addressed stamped envelope, to the Small Claims Division, San Francisco Superior Court, 400 McAllister Street, Room 103, San Francisco, CA 94102.
3. After a Judicial Officer reviews your request, the court will send you a signed copy of the order whether it is granted or denied. If your request is granted see #4 below. If the request is denied an appearance is required.
4. If the request is granted, the party requesting to appear by telephone must contact the court's approved vendor, CourtCall, to set up a telephonic appearance at 1-888-88-COURT, or 1-888-882-6878. In addition, the order, granting telephonic appearance, and associated fees, must be submitted to CourtCall.
5. If you have documents, pictures, or other evidence in your case, that you want the Court to consider, ***send them to the Court at least 5 days in advance of the hearing.***
6. On the day of your hearing, when you are appearing by telephone, be prepared to discuss your case as if you were present in court.

ATTORNEY OR PARTY WITHOUT ATTORNEY    STATE BAR: NAME: FIRM NAME: STREET ADDRESS: CITY AND ZIP CODE: E-MAIL ADDRESS: ATTORNEY FOR (NAME):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO</b> STREET ADDRESS: MAILING ADDRESS: 400 MCALLISTER STREET, ROOM 103 CITY AND ZIP CODE: SAN FRANCISCO, CA 94102 BRANCH NAME:	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	
<b>REQUEST TO APPEAR AT HEARING BY TELEPHONE</b> (SMALL CLAIMS)	CASE NUMBER:  Hearing Date: _____ Time: _____ Department: _____

Party requesting to appear by telephone (printed name): \_\_\_\_\_

Reason for this Request: \_\_\_\_\_

\_\_\_\_\_

OR

I am not a California resident; I reside in the state of \_\_\_\_\_.

I work outside of the State of California. I work in \_\_\_\_\_.

I live outside of the nine Bay Area counties (Alameda, Contra Costa, Marin, Napa, San Mateo, San Francisco, Santa Clara, Solano, Sonoma). I live in \_\_\_\_\_ county.

I am incarcerated at \_\_\_\_\_ jail/prison and will be incarcerated at the time of the court hearing.

Other extraordinary circumstances:

\_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

Request to Appear at Hearing by Telephone

ATTORNEY OR PARTY WITHOUT ATTORNEY    STATE BAR: NAME: FIRM NAME: STREET ADDRESS: CITY AND ZIP CODE: E-MAIL ADDRESS: ATTORNEY FOR (NAME):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO</b> STREET ADDRESS: MAILING ADDRESS: 400 MCALLISTER STREET, ROOM 103 CITY AND ZIP CODE: SAN FRANCISCO, CA 94102 BRANCH NAME:	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	
<b>DECLARATION RE: REQUEST TO APPEAR          AT HEARING BY TELEPHONE          (SMALL CLAIMS)</b>	
	CASE NUMBER:  Hearing Date: _____ Time: _____ Department: _____

I gave notice of the Request to Appear by Telephone to the:  Plaintiff  Defendant

On (date): \_\_\_\_\_ by:

Telephone call at (phone number): \_\_\_\_\_

Personally informing at (address): \_\_\_\_\_

Giving a copy of the Request to Appear by Telephone by:

Personal delivery at: \_\_\_\_\_  AM  PM on (date): \_\_\_\_\_

Overnight mail/other overnight carrier, sent at: \_\_\_\_\_  AM  PM

On (date): \_\_\_\_\_

Fax transmission at: \_\_\_\_\_  AM  PM on (date): \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

Declaration Re: Request to Appear at Hearing by Telephone

ATTORNEY OR PARTY WITHOUT ATTORNEY    STATE BAR: NAME: FIRM NAME: STREET ADDRESS: CITY AND ZIP CODE: E-MAIL ADDRESS: ATTORNEY FOR (NAME):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO</b> STREET ADDRESS: MAILING ADDRESS: 400 MCALLISTER STREET, ROOM 103 CITY AND ZIP CODE: SAN FRANCISCO, CA 94102 BRANCH NAME:	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	
<b>ORDER RE: REQUEST TO APPEAR AT HEARING BY TELEPHONE (SMALL CLAIMS)</b>	CASE NUMBER:  Hearing Date: _____ Time: _____ Department: _____

Plaintiff's  Defendant's request to appear by telephone at the hearing scheduled for \_\_\_\_\_ is hereby  GRANTED  DENIED.

The  Plaintiff  Defendant shall call the Court's approved vendor to set up the telephonic appearance and pay associated fees. The  Plaintiff  Defendant shall notify the  Plaintiff  Defendant of this order by any reasonable means, including by telephone, fax, or mail.

The  Plaintiff  Defendant shall send, in advance of the hearing date, any documents, pictures, or other evidence concerning the case that you wish the Court to consider, so that the Court can review them during your hearing.

On the day of your hearing, be prepared to discuss your case just as if you were present in court.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge of the Superior Court/Judicial Officer