

**COURT ON CALL
REQUEST FOR COURT COVERAGE**

Please complete this form and submit to Court on Call directly on our website or at courtoncall@gmail.com. *Please note that receipt of completed form is NOT acceptance of assignment. Court on Call shall not be responsible for failure to cover any court appearance and the consequences thereof, unless an email confirmation is sent to you accepting the court assignment within 5 hours of the request. I

Case Name: _____

Case Number: _____

County: _____; **Courtroom:** _____; **Date and Time:** _____

Address of Courthouse: _____

Reason for Court Appearance (Initial Appearance; CMC; etc.):

Part(ies) you Represent: _____

Action to be Taken: _____

Documents Attached: (Previous Order(s); Motions to be filed; etc.):

Additional Information:

Contact Information: Attorney: _____

Firm Name _____

Address: _____

Firm/Attorney County ID No.: _____

Direct or Cell phone: _____