

# COURT APPEARANCE REQUEST

( ) Retainer ( ) Non-Retainer



P.O. Box 6371  
Alhambra, CA 91802-6371  
Telephone: 626.289.8800 | Fax: 626.289.8860  
www.aunited.com | info@aunited.com

CLIENT INFORMATION	
Customer Number	Date
Firm Name	
Firm Address	
City/State/Zip	
Attorney Name	
Attorney Bar Number	
Contact Name	
Telephone	File Number
Fax	

CASE INFORMATION			
<input type="checkbox"/> Unlimited	County		Hearing Date
<input type="checkbox"/> Limited	Court/Branch		Time
<input type="checkbox"/> District	Case Number		Dept/Div
<input type="checkbox"/> Bankruptcy	Case Name		Statute
<input type="checkbox"/> Other:	Attorney For	<input type="checkbox"/> Plaintiff ( ) Defendant	

TYPE OF HEARING	SPECIAL INSTRUCTIONS
<input type="checkbox"/> Civil	<input type="checkbox"/> Status Conference
<input type="checkbox"/> Criminal	<input type="checkbox"/> Case Management Conference
<input type="checkbox"/> Family	<input type="checkbox"/> Deposition Appearance
<input type="checkbox"/> Probate	<input type="checkbox"/> Criminal Appearance
<input type="checkbox"/> Small Claims	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	

** FOR STATUS/CASE MANAGEMENT CONFERENCES ONLY **	
Type of Claim	Discovery Remaining
Date Complaint Filed	Number of Days for Trial
Date Served/To Be Served	<input type="checkbox"/> Jury ( ) Not Jury
Date Answered	Number of Witnesses
Date Defaulted	Number of Experts
Date Discovery Is To Be Completed	Arbitration ( ) Yes ( ) No
	( ) Binding ( ) Not Binding
<i>Describe injuries, if this is a personal injury claim</i>	

** FOR CRIMINAL APPEARANCES ONLY **		
Name of Defendant	Defendant	Check all that apply
Date of Birth	<input type="checkbox"/> In Custody	<input type="checkbox"/> Waiver
Driver's License Number	<input type="checkbox"/> Will be at hearing	<input type="checkbox"/> Waive Time
Charges		<input type="checkbox"/> 1050 Filed

** FOR DEPOSITION APPEARANCES ONLY **	
Name of Deponent	Expected Length of Depo
Deponent is ( ) Plaintiff	Time to Appear
( ) Defendant	Need Interpreter ( ) Yes ( ) No
( ) Witness	Language Needed
( ) Expert Witness	Need to Prep Deponent ( ) Yes ( ) No
Nature of Case	Order Transcript ( ) Yes ( ) No

FOR A-UNITED USE ONLY	
Date Received	Court Appearance Fee \$
Date Appeared	A-United Advance Fee \$
<input type="checkbox"/> Status Sheet Attached	Other Fees: \$
<input type="checkbox"/> Status Sheet Faxed	
Spoke with _____ at Firm	
Notes:	
	Total \$
	Invoice Number _____