



**Superior Court of the State of California
County of Kings
1426 South Drive, Hanford, CA 93230**

Telephone Appearance Form for a Governmental case ONLY

If reside outside the State of California **and** Kings, Tulare, or Fresno Counties and you desire to appear by telephone in a Department of Child Support case, you must obtain court approval, **no later than 12 court days prior to your hearing**. The request can only be approved by a Judicial Officer. The clerk cannot approve your request.

You **cannot** request a telephonic appearance if your hearing is scheduled for:

- Bench Warrant Review
- Anytime you have been ordered to appear at a previous hearing and you failed to appear at that hearing

∞Please Note: The Court Clerk cannot change your hearing date∞

Summary of how this process works:

1. Complete the mandatory form called, **Request for Telephone Appearance (Governmental)** (form FL-679). ***If the Request for Telephone Appearance is incomplete, the form will be returned to you unprocessed.***
2. Notify all interested parties with a copy of the form.
3. File the original form with the Kings County Superior Court at **least 12 court days prior to** your hearing.
4. Your request will then be reviewed by the Judicial Officer.
5. The clerk will notify you (via telephone) of the decision. Ensure you list a phone number on your paperwork that you can be reached at Monday through Friday, 8:00am to 5:00pm.

THE FOLLOWING FORM IS PROVIDED IN THIS PACKET:

Form name and number:	Revised on:
<input type="checkbox"/> Request for Telephone Appearance (FL 679)	01-01-12

Step 1

Complete the necessary forms:

1. **Request for Telephone Appearance (Governmental)** (form FL-679)
 - a. You must complete and sign page 1 & 2 of this form.
 - b. It is important to read and understand your rights found on page 2, Advisement Regarding Telephone Appearance.



For assistance with completing this forms, see the instruction pages located in this packet or at the end of this coversheet.

Step 2

Notice All Interested Parties:

After you complete the Request for Telephone Appearance:

1. Make copies:
 - a. Copy one for ***each party*** to be noticed.
 - b. Copy one for yourself.
2. Someone (at least 18 years of age and NOT a party to the case) is to notify the Department of Child Support Services and the other parent involved in this case with a **copy** of your form(s).
 - a. You **can not** notice the parties yourself.
 - b. If your server will be mailing the document then he/she must mail the document from the same county in which he/she resides or is employed.
3. Service on the ***Department of Child Support Services can be made:***
By mail at: P.O. Box 1289, Hanford, CA 93232
In person at: 312 W. 7th Street, Suite 201, Hanford, CA 93230

Step 3

Mail the court your original forms:

1. In order to allow time to process your request, the court must **receive** your request at **least 12 court days** before your hearing. Remember when counting these days do not include weekends and/or court holidays.
2. You must mail your original forms to the court at the following address:

Kings County Superior Court.
1426 South Drive
Hanford, CA 93230
Attention: Family Support Division



How do I know if my Request has been granted?

Once the Judicial Officer makes a ruling as to your request, you will be notified via telephone (at the number listed on your request) as to whether your request was granted or denied.

**Instructions on
Page 1 of 3 of the Request for Telephone Appearance (FL-679)**

Place your name, address, and telephone number in this area.

If this area is not completed for you, place the County, and Court address here.

Place the name of the Petitioner, Respondent, and Other Parent (if applicable) here. Note this information can be retrieved from your paperwork.

Place the hearing date, time and department here.

#1- This area tells the court information on who is making this request.

#2- This area tells the court the telephone number you would like to appear from on the hearing date.

#3- This area tells the court why you are making this request. Check all boxes that apply to you.

#4 a, b, and c:
#4a- This area tells the court your request is being made at least 12 court days before the hearing date.
#4b- If there are financial issues to be decided, check this box and complete form, FL150, Income and Expense Declaration.
#4c- Check this box if you have complied with all the requirements for other supporting proof.

FL-679

ATTORNEY FOR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	FOR COURT USE ONLY CASE NUMBER:
REQUEST FOR TELEPHONE APPEARANCE	
HEARING DATE: _____ TIME: _____ DEPT., ROOM, OR DIVISION: _____	
NOTICE: See form FL-679-INFO, Information Sheet—Request for Telephone Appearance, for deadlines for filing this request, filing any opposition, and service.	
1. I, _____ (name), am the <input type="checkbox"/> petitioner/plaintiff <input type="checkbox"/> respondent/defendant <input type="checkbox"/> other parent <input type="checkbox"/> attorney for (name): _____ <input type="checkbox"/> local child support agency (LCSA) representative <input type="checkbox"/> other (specify): _____ in this case.	
If there are domestic violence or other confidentiality issues in this case and you do not want your home or work phone number made publicly available, provide another phone number in item 2 below. You will need to participate from this phone number, unless other options are available under local rules or procedures. Check with your court clerk.	
2. I ask the court to allow <input type="checkbox"/> me <input type="checkbox"/> _____ to appear from telephone number () _____ set on (date) _____ (time) _____ in Department _____ of the above-named court.	
3. I would like the court to consider the following information in making its decision whether to allow a telephone appearance (check all that apply). (Note: The court can still deny your request, even though boxes are checked.)	
a. <input type="checkbox"/> I live or work outside the state of California in (specify location): _____ b. <input type="checkbox"/> I live in _____ County in California, which is _____ miles from the above courthouse where the hearing is set. c. <input type="checkbox"/> I am disabled. d. <input type="checkbox"/> I am asking not to appear personally because of domestic violence. e. <input type="checkbox"/> I will be incarcerated or confined in (specify): _____ prison, jail, or other institution at the time of the hearing. f. <input type="checkbox"/> The LCSA makes this request on behalf of _____ (insert reason for request at g)	
g. <input type="checkbox"/> Other (specify): _____	
4. <input type="checkbox"/> I have filed this request at least 12 court days before the hearing and have served or will serve all parties (the local child support agency and other parent) and attorneys, if any, with this form by personal delivery, fax, express mail, or other reasonable means to ensure delivery by the close of the next court day after filing this form. <input type="checkbox"/> If there are financial issues to be decided, a current Income and Expense Declaration (form FL-150) or a Financial Statement (Form _____) meaning (Read _____) is attached to this request or response to the request. <input type="checkbox"/> I have completed _____	
5. I agree to be responsible for the costs and arrangements of this telephone appearance if required by the court. If this telephone appearance request is made by an LCSA on behalf of a party, parent, or witness, that person may be responsible for costs of the telephone appearance as may be required by the court.	
6. <input type="checkbox"/> Number of pages attached _____ I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct. Date: _____	
(TYPE OR PRINT NAME)	(SIGNATURE)

Remember...this is the telephone number the court will call you at to let you know if your hearing has been granted or denied.

In order for your request be processed in a timely manner, it is important that you place your case number on this document.

#5- Please read, before signing this form.

After completing this page: date, print your name and sign the bottom of this form.

#6- If you are attaching (stapling) any supporting documents to this form: check this box, count the number of pages and place the number here. If you have completed an **Income and Expense Declaration** do not staple or attach that form to your **Request for Telephone Appearance**.

**Instructions on
Page 3 of 3 of the Request for Telephone Appearance (FL-679)**

[Proof of Service]



Read Step 3 for detailed instructions on who can fill out this page for you.

Place the name of the Petitioner, Respondent, and Other Parent (if applicable) here.

This information can be retrieved from your paperwork.

#1- The server must be at least 18 years old and NOT a party to the case.

#2- Your server's residence or business address.

If mailed: The server **must** reside or be employed in the same county where the mailing will take place.

#3 a, b, and/or c:

#3- This area is completed as to **how** each party was noticed.

IMPORTANT:

You cannot perform the service or sign this form. Read Item #1.

Place your case number here.

FL-679

PETITIONER/PLAINTIFF: _____
 RESPONDENT/DEFENDANT: _____
 OTHER PARENT: _____

CASE NUMBER: _____

PROOF OF SERVICE

1. At the time of service I was at least 18 years of age and not a party to the legal action.

2. My residence or business address is (specify): _____

3. I served a copy of the foregoing Request for Telephone Appearance (Governmental) and all attachments as follows (check a, b, or c for each person served):

Personal delivery. I personally delivered a copy and all attachments as follows:

(1) Name of party or attorney served: _____ (2) Name of local child support agency served: _____

(a) Address where delivered: _____ (a) Address where delivered: _____

(b) Date delivered: _____ (b) Date delivered: _____

(c) Time delivered: _____ (c) Time delivered: _____

Mail. I am a resident of or employed in the county where the mailing occurred.

(1) I enclosed a copy in an envelope and

(a) **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.

(b) **placed** the envelope for collection and mailing on the date and at the place shown below, following ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

(2) Name of party or attorney served: _____ (3) Name of local child support agency served: _____

(a) Address where delivered: _____ (a) Address where delivered: _____

(b) Date mailed: _____ (b) Date mailed: _____

(c) Place of mailing (city and state): _____ (c) Place of mailing (city and state): _____

Other (specify): _____
 Additional page is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF PERSON WHO SERVED REQUEST)

REQUEST FOR TELEPHONE APPEARANCE
 (Governmental)

Page 3 of 3

After your server completes this page, he/she is to date, print their name and sign the bottom of this form.