

Michael Rooney Law Office
580 California Street 16th Floor, San Francisco, CA 94104
Tel. (415) 772-9875 | Fax. (415) 704-3321
SPECIAL APPEARANCE REQUEST
Please call if you have any questions about this form.

ATTORNEY INFO

From (Please include Billing Address and fax #): _____

Why you are unavailable on this date and time?: _____

COURT INFO

(for depositions, please refer to the actual location)

Case Name: _____

Date: _____ Time: _____ Dept. _____

Case Number: _____ Court: _____

Courthouse Address: _____

Party We Are Representing (Name and side): _____

CASE INFO

Type: Civil Criminal: Basis of Case or charge: _____

IN CIVIL MATTERS: Date Filed: _____ Date Served/ To Be Served: _____

Date Answered: _____ Date Defaulted: _____

Damages: _____ Judgment papers to be submitted by: _____

Discovery Items Completed: _____

Discovery Remaining: _____

Estimated date of completion? _____ Date ready for trial? _____

Length? _____ JURY / NONJURY (circle one) #Witnesses: _____ #Experts: _____

Arbitration? Y N BINDING/NONBINDING (circle one) Settlement conference? Y N

IN CRIMINAL CASES: Will Δ be present? Y N 977 filed? Y N Waive Time? Y N

Good cause for continuance (if applicable): _____

Preferred Dates and Times for Pretrial (please include relevant conflicts): _____

Pick up Discovery? Y N

Instructions (if continuing a matter, please state why): _____

Results: