



Toll Free  
(866) 808-TOGO

Judith Graumann Murakami, Esq.  
**ATTORNEYS TO GO**  
www.attorneystogo.com

PO Box 20046  
Riverside, California 92516-0046



Phone (951) 680-9800  
Fax (951) 684-3716

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Panel Member		Confirm & Fax Back	

**CIVIL APPEARANCE ORDER FORM**

1. **FILL OUT THIS FORM COMPLETELY (FOR YOUR & OUR ATTORNEY'S BENEFIT)**
2. **DO NOT FAX MORE THAN FIVE PAGES WITHOUT CALLING FIRST**
3. **Fax the completed form.**
4. **Call to confirm receipt of order.** DATE \_\_\_\_\_

ATTORNEY/FIRM \_\_\_\_\_ ATTN \_\_\_\_\_  
PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
FAX \_\_\_\_\_ CITY \_\_\_\_\_  
EMERGENCY/NIGHT CONTACT (NAME & NUMBER) \_\_\_\_\_

COURTHOUSE & ADDRESS \_\_\_\_\_  
TYPE OF APPEARANCE \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ DEPT. \_\_\_\_\_

NAME OF CASE \_\_\_\_\_  
YOUR CLIENT \_\_\_\_\_ CASE NO. \_\_\_\_\_  
WHAT DO YOU WANT TO HAPPEN AT THIS HEARING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF CASE \_\_\_\_\_ DAMAGE TOTAL \$ \_\_\_\_\_  
INJURY \_\_\_\_\_ MEDS \$ \_\_\_\_\_ L.O.E. \$ \_\_\_\_\_

DATE COMPLAINT FILED \_\_\_\_\_  
ALL PARTIES SERVED? Yes No IF ANY ANSWER IS NO, PLEASE EXPLAIN \_\_\_\_\_  
P.O.S. FILED? Yes No WHEN? \_\_\_\_\_

ALL PARTIES ANSWERED? Yes No \_\_\_\_\_  
ANY PARTIES DEFAULTED? Yes No WHO? \_\_\_\_\_

DISCOVERY STATUS \_\_\_\_\_  
MOTIONS PENDING OR ANTICIPATED \_\_\_\_\_ DATE \_\_\_\_\_

AGREE TO CT-ORDERED ARB? Yes No MEDIATION? Yes No IF NO, WHY NOT? \_\_\_\_\_

SHOULD CASE BE SET FOR TRIAL? Yes No JURY? Yes No \_\_\_\_\_ DAYS  
CMC QUESTIONNAIRE REQUIRED? Y / N FILED? Y / N COPY ATTACHED? Y / N

*The above law firm/lawyer agrees that: 1) in any litigation arising in connection with this order for a special appearance, Riverside County is the court of proper jurisdiction and venue; 2) in any litigation necessary to collect unpaid charges, Attorneys to Go will be entitled to reasonable attorneys' fees; 3) a late fee of one-and-one-half percent (1-1/2%) per month will be added to any charge not paid within thirty (30) days of the appearance; 4) we will not contact Attorneys to Go appearance attorneys for future appearances except through Attorneys to Go.*