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Panel Member		Confirm & Fax Back	

**CRIMINAL 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 \_\_\_\_\_  
IF NOT ATTORNEY OF RECORD, PLEASE EXPLAIN \_\_\_\_\_

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

COURTHOUSE & ADDRESS \_\_\_\_\_

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

DEFENDANT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
AKA's (IF KNOWN) \_\_\_\_\_

CASE NO. \_\_\_\_\_ BOOKING NO. (IF NOT CHARGED) \_\_\_\_\_  
CHARGE \_\_\_\_\_ MISDEMEANOR \_\_\_\_\_ FELONY \_\_\_\_\_  
TYPE OF HEARING \_\_\_\_\_ DAY \_\_\_\_\_ OF \_\_\_\_\_

1050 MOTION TO CONTINUE FILED? Yes No WAIVE TIME? Yes No

AUTHORIZED TO APPEAR 977(a)? Yes No IS THE DEF. IN CUSTODY? Yes No

WILL THE DEF. BE PRESENT? Yes No DEF. CELL PHONE \_\_\_\_\_

DA ASSIGNED TO CASE (IF KNOWN) \_\_\_\_\_

WHAT DO YOU WANT TO HAPPEN AT THIS HEARING? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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.*