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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? _____ IF ANY ANSWER IS NO, PLEASE EXPLAIN _____

P.O.S. FILED? _____ WHEN? _____
ALL PARTIES ANSWERED? _____

ANY PARTIES DEFAULTED? _____ WHO? _____
DISCOVERY STATUS _____

MOTIONS PENDING OR ANTICIPATED _____ DATE _____
AGREE TO CT-ORDERED ARB? _____ MEDIATION? _____ IF NO, WHY NOT? _____

SHOULD CASE BE SET FOR TRIAL? _____ JURY? _____ DAYS _____
CMC QUESTIONNAIRE REQUIRED? _____ FILED? _____ COPY ATTACHED? _____

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.