



STATEWIDE APPEARANCE SERVICE
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CLAIM OF EXEMPTION REPORT

Please give the following information *legibly and completely* and fax to (866) 333-1515
or email to reports@attorneystogo.com.

PANEL MEMBER _____ DATE _____

ATG # _____ CASE _____ v _____ COURT _____

_____ GRANTED

_____ DENIED

_____ HEARING CONTINUED TO: DATE _____ TIME _____ DEPT _____

NOTICE TO BE GIVEN BY _____

ORDER TO BE PREPARED BY _____

JUDGE _____ OPPOSING COUNSEL _____

INSTRUCTIONS/COMMENTS: _____

PANEL MEMBER CHARGES:

PARKING \$ _____

OTHER \$ _____ BE SPECIFIC _____