

Statewide Appearance Service info@attorneystogo.com 866-808-TOGO p 951-680-9800 f 951-684-3716

CRIMINAL APPEARANCE ORDER FORM

Panel Member	(For Office Use Only)		# Pages	Panel Initials		ATG#
				Confirm & Fax Ba	ck	
2. Fax or email the com	m completely (for your & our pleted form to (951) 684-3716 to confirm receipt of order.		ogo.com			day's Date
		CONTACT I	NFORMATION			
Attorney/Firm		Contact N	ame	Email		
Street Address		City			State	Zip code
Phone	Fax		Emergency / N	ight Contact Name	Contact	Phone
		APPEARANCE	INFORMATION			
Courthouse City	Courthouse Street	Address		Appearance Date	Time	Dept.
Type of Hearing	f Hearing Day Of Case Number				Booking Number (if not chrgd)	
Defendant's Name		Birthdate	AKA's (if know	wn)		
Charge					MISD FLNY Offense	
Additional Charge(s), if any						
YES NO 1050 Motion to Continue Filed?	YES NO Waive Time?	Auth	YES NO norized to Appear 9770	YES (a)? Defendan	S NO t in Custody?	
YES NO Will Defendant be Present?						
What do you want to happen at the	his hearing?					
List all available future hearing a						

By utilizing this order form and service, 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. Full rate information and policies are available at www.attorneystogo.com.