

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED  
FAMILY COURT SERVICES**

<b>Attorney or Party without Attorney</b>  <b>Name:</b>  <b>Street Address:</b>  <b>Mailing Address:</b>  <b>City and Zip Code:</b>  <b>Telephone No:</b> _____ <b>Fax No:</b> _____  <b>Attorney for: (Name)</b>	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED</b> STREET ADDRESS: <b>2260 N Street</b> MAILING ADDRESS: <b>627 W. 21<sup>ST</sup> Street</b> CITY AND ZIP CODE: <b>Merced, CA 95340</b> Branch Name/Location: <b>Family Law Division, CCRC-FCS Offices</b>	
<b>REQUEST FOR TELEPHONIC CHILD CUSTODY RECOMMENDING COUNSELING (CCRC)</b>	<b>Case Number: F</b>

I, \_\_\_\_\_, request the Court's approval to conduct the CCRC scheduled for \_\_\_\_\_ by a telephonic appearance. I understand that if granted, I will be contacted and given notice of the possible six (6) hour time period in which the CCRC will be held. The telephone number provided below is the number where I can be reached throughout that time period. I am requesting to participate by telephone for the following reasons: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, submit that this is a true and correct telephone number of where I can be reached for the purpose of Court contact and CCRC: \_\_\_\_\_

Telephone number including area code

*Date:* \_\_\_\_\_

\_\_\_\_\_  
*Signature of Party*

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The request for Telephonic Mediation is hereby:  **GRANTED**  **DENIED**

*Date:* \_\_\_\_\_

\_\_\_\_\_  
*Judge of the Superior Court*

Provided a copy to party or Attorney/Message to Party: \_\_\_\_\_ by \_\_\_\_\_

(Date) (Court Clerk's Initials)