

Cause Number: _____

**REQUEST TO APPEAR BY TELEPHONE
AT THE MODIFICATION TRIAL**

I, _____, hereby request that I be allowed to appear at the modification trial by telephone. I do not live in King, Snohomish, or Pierce Counties in Washington State. I have responded to the Modification Petition and provided documentation regarding my financial circumstances.

I can be reached at the following phone number between the hours of 8:30 AM and 12:00PM (noon) Pacific Time: _____

I understand that the opportunity to appear at the trial by telephone is a **privilege** and the **court will make the final decision** as to whether I can participate in the trial by telephone. I understand that if the court grants permission for me to appear by telephone, only one attempt will be made to reach me at the number I provided above and if I am not available, I forfeit the privilege to participate in the trial by telephone.

I understand that this request must be received **at least two weeks** prior to the scheduled trial date.

Signature

Date

RETURN THIS FORM TO THE FOLLOWING ADDRESS

King County Prosecuting Attorney
Family Support Division
E400 King County Courthouse
516 Third Avenue
Seattle, WA 98104

City and State