



County of Los Angeles  
**Child Support Services Department**



DEAN DE GRUCCIO  
Acting Director

**Telephonic Appearances**

We strongly encourage you to consider completing and submitting the attached Request for Telephonic Appearance rather than coming to court in person, especially if you are 65 years or older or have an underlying medical condition that causes you to be at higher risk for infection, severe illness or poorer outcomes from Covid-19.

There is no filing fee. See additional instructions in the attached court order.

Please send the Request via facsimile to (442) 247-3946 or via mail to the Los Angeles County Superior Court, 600 S. Commonwealth Ave., Room 314, Los Angeles, CA 90005.

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**Comparecencias Telefónicas**

Le recomendamos enfáticamente que llene y someta la Solicitud de Comparecencia Telefónica adjunta en vez de ir a la corte en persona, especialmente si tiene 65 años o más de edad o tiene una condición médica subyacente que lo pone en mayor riesgo de contraer una infección, enfermedad grave o tener peores resultados de Covid-19.

No se paga nada por someter la solicitud. Consulte las instrucciones adicionales incluidas en la orden judicial adjunta.

Por favor envíe la solicitud por fax al (442) 247-3946 o por correo a Los Angeles County Superior Court, 600 S. Commonwealth Ave., Room 314, Los Angeles, CA 90005

LOS ANGELES COUNTY CHILD SUPPORT SERVICES DEPARTMENT  
5770 South Eastern Ave • Commerce, CA 90040 • (866) 901-3212

*"To enrich our community by providing child support services  
in an efficient, effective and professional manner, one family at a time"*

**Telephonic Participation:**

The Court strongly encourages the parties participate at the hearing by telephone.

Any party who has already filed a Request for Telephonic Appearance (form FL-679) is now approved for a telephonic appearance at the next hearing, so long as a valid telephone number has been provided.

A party who has not yet filed the Request for Telephonic Appearance (form FL-679) may do so at any time up to the day before the hearing. A blank form FL-679 is provided along with this Order for your convenience.

No reason need be stated for requesting a telephonic appearance. You may, but need not, check box 3.d. on form FL-679 and write in "COVID-19" as the reason.

If a party wishes to appear by telephone, but fails to file the Request for Telephonic Appearance (form FL-679), then in the Court's discretion, that party may or may not be allowed to participate and appear by telephone, depending on the circumstances presented at the time of the hearing.

**Financial Disclosure Required:**

Parties must comply with Local Rule 5.9 for the next hearing date.

Rule 5.9 states:

"The parties must completely fill in all blanks on financial declarations (including the Income and Expense Declaration), as required by California Rules of Court, rule 5.92. If a party claims that a previously-filed financial declaration is 'current' within the meaning of California Rules of Court, rule 5.427(d), a copy must be attached to the moving or responding papers. In addition to the schedules and pay stubs required to be attached to the Income and Expense Declaration, the parties must bring to the hearing copies of state and federal income tax returns (including all supporting schedules) and all loan applications (whether or not the loan was granted) for the last two years."

**WARNING:** Failure to provide updated financial documentation may result in delay in resolving your case, having the matter taken off-calendar, or adverse findings about your finances.

**When and How to Provide the Required Information If You Are Participating by Telephone:**

Any party participating by telephone must provide the financial declarations, in addition to any other documentation the party wishes to have considered, to the Child Support Services Department (CSSD) at least one week (7 days) before the next Court date. CSSD will then share the information with the other party(ies) under its standard protocols.

This is necessary to allow CSSD to review the information and, to the extent feasible, make contact with you and the other party(ies) to discuss the information.

Send the information to CSSD by email or regular mail to the appropriate below address for the CSSD Division to which your case is assigned. You must include your full name and case number with the documents you mail in or on the subject line of your email. If you need more information about where to send your materials, contact your CSSD caseworker. It is your responsibility to communicate with CSSD regarding any issues concerning the transmission of your financial information.

**eMail addresses:**

[CSSD-VanNuys@cssd.lacounty.gov](mailto:CSSD-VanNuys@cssd.lacounty.gov)

[CSSD-Commerce@cssd.lacounty.gov](mailto:CSSD-Commerce@cssd.lacounty.gov)

[CSSD-Pomona@cssd.lacounty.gov](mailto:CSSD-Pomona@cssd.lacounty.gov)

[CSSD-SouthLA@cssd.lacounty.gov](mailto:CSSD-SouthLA@cssd.lacounty.gov)

[CSSD-Torrance@cssd.lacounty.gov](mailto:CSSD-Torrance@cssd.lacounty.gov)

[CSSD-AntelopeValley@cssd.lacounty.gov](mailto:CSSD-AntelopeValley@cssd.lacounty.gov)

[CSSD-Intergovernmental@cssd.lacounty.gov](mailto:CSSD-Intergovernmental@cssd.lacounty.gov)

**Mailing address:**

Child Support Services Department  
5770 S. Eastern Ave.  
Commerce, CA 90040

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) OR ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address).  TELEPHONE NO. _____ FAX NO. (Optional) _____ E-MAIL ADDRESS (Optional) _____ ATTORNEY FOR (Name) _____	<b>FOR COURT USE ONLY</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	
<b>REQUEST FOR TELEPHONE APPEARANCE</b>	CASE NUMBER: _____
HEARING DATE _____ TIME: _____ DEPT., ROOM, OR DIVISION: _____	

**See Information Sheet—Request for Telephone Appearance (form FL-679-INFO) for deadlines for filing this request, filing any opposition, and service.**

1. I, (name): \_\_\_\_\_, am the  petitioner/plaintiff  
 respondent/defendant  other parent  attorney for (name): \_\_\_\_\_  
 local child support agency (LCSA) representative  other (specify): \_\_\_\_\_ in this case.

**If there are domestic violence or other confidentiality issues in this case and you do not want your home or work phone number made publicly available, provide another phone number in item 2 below. You will need to participate from this phone number, unless other options are available under local rules or procedures. Check with your court clerk.**

2. I ask the court to allow  me  \_\_\_\_\_ to appear from telephone number ( ) \_\_\_\_\_ set on (date) \_\_\_\_\_ (time) \_\_\_\_\_ in Department \_\_\_\_\_ of the above-named court.
3. I would like the court to consider the following information in making its decision whether to allow a telephone appearance (check all that apply). (Note: The court can still deny your request, even though boxes are checked.)
- a.  I live or work outside the state of California in (specify location): \_\_\_\_\_
  - b.  I live in \_\_\_\_\_ County in California, which is \_\_\_\_\_ miles from the above courthouse where the hearing is set.
  - c.  I am disabled.
  - d.  I am asking not to appear personally because of domestic violence.
  - e.  I will be incarcerated or confined in (specify): \_\_\_\_\_ prison, jail, or other institution at the time of the hearing.
  - f.  The LCSA makes this request on behalf of \_\_\_\_\_ (insert reason for request at g)
  - g.  Other (specify): \_\_\_\_\_
4. a.  I have filed this request at least 12 court days before the hearing and have served or will serve all parties (the local child support agency and other parent) and attorneys, if any, with this form by personal delivery, fax, express mail, or other reasonable means to ensure delivery by the close of the next court day after filing this form.
- b.  If there are financial issues to be decided, a current *Income and Expense Declaration* (form FL-150) or a *Financial Statement (Simplified)* (form FL-155) has been filed and served on all parties along with the request or response to the hearing. (Read page 2 of form FL-155 to determine which form to use.)
- c.  I have complied with all requirements of the local rules of court for other supporting proof.
5. I agree to be responsible for the costs and arrangements of this telephone appearance if required by the court. If this telephone appearance request is made by a LCSA on behalf of a party, parent, or witness, that person may be responsible for costs of the telephone appearance as may be required by the court.
6.  Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME) \_\_\_\_\_  
 (SIGNATURE)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**PROOF OF SERVICE**

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. My residence or business address is *(specify)*:
3. I served a copy of the foregoing *Request for Telephone Appearance (Governmental)* and all attachments as follows *(check a, b, or c for each person served)*:

a.  **Personal delivery.** I personally delivered a copy and all attachments as follows:

- |  |   |
|--|---|
| (1) <input type="checkbox"/> Name of party or attorney served:<br><br>(a) Address where delivered:<br><br>(b) Date delivered:<br>(c) Time delivered: | (2) <input type="checkbox"/> Name of local child support agency served:<br><br>(a) Address where delivered:<br><br>(b) Date delivered:<br>(c) Time delivered: |
|--|---|

b.  **Mall.** I am a resident of or employed in the county where the mailing occurred.

- (1) I enclosed a copy in an envelope and
  - (a)  deposited the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
  - (b)  placed the envelope for collection and mailing on the date and at the place shown below, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service in a sealed envelope with postage fully prepaid.

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|--|---|
| (2) <input type="checkbox"/> Name of party or attorney served:<br><br>(a) Address:<br><br>(b) Date mailed:<br>(c) Place of mailing <i>(city and state)</i> : | (3) <input type="checkbox"/> Name of local child support agency served:<br><br>(a) Address:<br><br>(b) Date mailed:<br>(c) Place of mailing <i>(city and state)</i> : |
|--|---|

(3) **Address Verification** *(please specify)*:

- (a)  I served a request to modify a child custody, visitation, or child support judgment or permanent order, which included an address verification declaration *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose)*.
- (b)  The address for each individual identified in items 3a and 3b was
  - (i)  verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.
  - (ii)  other *(specify)*:

c.  **Other** *(specify)*:

Additional page is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_ (TYPE OR PRINT NAME)

▶  
 \_\_\_\_\_ (SIGNATURE OF PERSON WHO SERVED REQUEST)