ATTORNEY OF RECORD:	DO NOT FILE WITH COURT
Michael T. Fife	COMPLETELY FILL OUT/CORRECT
Brownstein Hyatt Farber Schreck	FORM BEFORE SUBMITTING TO
Telephone NO: 805-963-7000 Fax No: 805-965-4333	COURTCALL!!
State Bar No.	CourtCall ID#: 2889098
ATTORNEY FOR (Name): Defendant(s), Antelope Valley Groundwater Agreement Association (AGWA)	
Santa Clara County Superior Court	
Case Name: Antelope Valley Groundwater Litigation (JCCP	CASE NUMBER: 105CV049053
4408)	DEPARTMENT:
	17C/Judge Jack Komar
	DATE/TIME: Friday, June 19th, 2009/10:00
	AM
	HEARING: Motion
REQUEST FOR COURTCALL TELEPHONIC APPEARANCE	Our Tax ID#: 95-4568415
1	(Name of specific attorney appearing telephonically)
BEFORE ITS SCHEDULED START TIME. COURTCALL DOES NOT DIA 2. Not less than 13 Court days or 4:00 PM on the Court day prior to the he a copy of this document was served on all other parties and faxed to Court Administrator at (310) 743-1850 OR (888) 88-FAXIN. 3. The CourtCall Appearance Fee in the sum of \$65.00 (plus additional feeCheck - (copy attached-write CourtCall ID# on check-and faxed to Co to Telephonic Hearing Account and original mailed to CourtCall at 6383 A (310) 342-0888 or (888) 88-COURT. INDIVIDUALS REPRESENTING THCharged - to CourtCall Debit Account No.:Charged - to VISA, Mastercard or American Express:	earing if the department posts tentative rulings, rtCall, Telephonic Appearance Program e of \$.00 if late filing is accepted) paid as follows: purtCall at (310) 743-1850 or (888) 88-FAXIN) payable rizona Circle, Los Angeles, CA 90045, telephone
To be completed only on the copy submitted to CourtCall, LLC:	
	Expiration Date:
Credit Card Number: To pay by credit card, the copy of this form submitted to CourtCall, LLC	
be charged and must be faxed to CourtCall at (310) 743-1850 or (888) a completed. The signature below constitutes authorization to charge the	88-FAXIN with the above credit card information
Type Name Signature	
4. Request forms are processed within 24 hours of receipt. Call CourtCall hours. WITHOUT A WRITTEN CONFIRMATION YOU ARE NOT ON THE PRECLUDED FROM APPEARING TELEPHONICALLY! COURTCALL'S APPEARANCE IS LIMITED TO THE FEE PAID TO COURTCALL. Matter form and a new fee for the continued date. It is counsel's responsibility to to the scheduled hearing time by calling (888) 882-6878. 5. MY SIGNATURE ON THIS DOCUMENT SERVES AS CONSENT FOR FAX NUMBER LISTED ABOVE UNDER "ATTORNEY OF RECORD") OF UPCOMING APPEARANCES AND/OR OTHER OFFERINGS FROM	E COURTCALL CALENDAR AND MAY BE LIABILITY CONCERNING THIS TELEPHONIC is continued at the time of the hearing require a new notify CourtCall of any continuance or cancelation, prious COURTCALL TO CONTINUE TO FAX (AT THE REMAIL NOTICES TO ME OR MY FIRM ADVISING
COURTCALL OTHERWISE. Date: Signature:	

Michael Fife [P] 2008

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ATTORNEY OF RECORD:	DO NOT FILE WITH COURT
Bradley J. Herrema	COMPLETELY FILL OUT/CORRECT
Brownstein Hyatt Farber Schreck	FORM BEFORE SUBMITTING TO
Telephone NO: 805-963-7000 Fax No: 805-965-4333	COURTCALL!!
State Bar No.	CourtCall ID#: 2889120
ATTORNEY FOR (Name): Defendant(s), Antelope Valley	
Santa Clara County Superior Court	
Case Name: Antelope Valley Groundwater Litigation (JCCP	CASE NUMBER: 105CV049053
4408)	DEPARTMENT:
	17C/Judge Jack Komar
	DATE/TIME: Friday, June 19th, 2009/10:00
	AM
	HEARING: Motion
REQUEST FOR COURTCALL TELEPHONIC APPEARANCE	Our Tax ID#: 95-4568415
1.	(Name of specific attorney appearing telephonically)
requests a CourtCall telephonic calendar appearance at the above referen	nced proceeding and agrees to provisions of the
Rule/Order/Procedure Re: CourtCall Telephonic Appearances. I UNDERS	
BEFORE ITS SCHEDULED START TIME. COURTCALL DOES NOT DIA 2. Not less than 13 Court days or 4:00 PM on the Court day prior to the he	
a copy of this document was served on all other parties and faxed to Cour	
Administrator at (310) 743-1850 OR (888) 88-FAXIN .	toui, reiephenie Appearance i regium
3. The CourtCall Appearance Fee in the sum of \$65.00 (plus additional fee	
Check - (copy attached-write CourtCall ID# on check-and faxed to Co	
to Telephonic Hearing Account and original mailed to CourtCall at 6383 At (310) 342-0888 or (888) 88-COURT. INDIVIDUALS REPRESENTING TH	
Charged - to CourtCall Debit Account No.:	ILMOLLYLO MOOTTAT DI OKLOTTOAKO.
Charged - to VISA, Mastercard or American Express:	
To be completed only on the copy submitted to CourtCall, LLC:	
Credit Card Number:	Expiration Date:
To pay by credit card, the copy of this form submitted to CourtCall, LLC	must be signed by the person whose credit card is to
be charged and must be faxed to CourtCall at (310) 743-1850 or (888) 8	
completed. The signature below constitutes authorization to charge the	above referenced credit card.
Type Name Signature	
4. Request forms are processed within 24 hours of receipt. Call CourtCall	
hours. WITHOUT A WRITTEN CONFIRMATION YOU ARE NOT ON THE	
PRECLUDED FROM APPEARING TELEPHONICALLY! COURTCALL'S APPEARANCE IS LIMITED TO THE FEE PAID TO COURTCALL. Matter	
form and a new fee for the continued date. It is counsel's responsibility to	•
to the scheduled hearing time by calling (888) 882-6878.	
5. MY SIGNATURE ON THIS DOCUMENT SERVES AS CONSENT FOR FAX NUMBER LISTED ABOVE UNDER "ATTORNEY OF RECORD") O	
OF UPCOMING APPEARANCES AND/OR OTHER OFFERINGS FROM COURTCALL OTHERWISE.	

Bradley Herrema [P] 2008

1	PROOF OF SERVICE	
2	STATE OF CALIFORNIA,	
3	COUNTY OF SANTA BARBARA	
4	I am employed in the County of Santa Barbara, State of California. I am over the age of 18	
5	and not a party to the within action; my business address is: 21 E. Carrillo Street, Santa Barbara, California 93101.	
6	On June 15, 2009, I served the foregoing document described as:	
7	REQUEST FOR COURTCALL APPEARANCE	
8	on the interested parties in this action.	
9	By posting it on the website at 3:00 p.m. on June 15, 2009.	
10	This posting was reported as complete and without error.	
11	(STATE) I declare under penalty of perjury under the laws of the State of California that the above is true and correct.	
12	that the above is true and correct.	
13	Executed in Santa Barbara, California, on June 15, 2009.	
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18	MARIA KLACHKO-BLAIR //S//	
19	TYPE OR PRINT NAME SIGNATURE	
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	PROOF OF SERVICE	