	,
ATTORNEY OF RECORD:	DO NOT FILE WITH COURT
Bradley J. Herrema	COMPLETELY FILL OUT/CORRECT
Brownstein Hyatt Farber Schreck, LLP	FORM BEFORE SUBMITTING TO
Telephone NO: 805-963-7000 Fax No: 805-965-4333	COURTCALL!!
State Bar No.	CourtCall ID#: 4106832
	Goditodii 1511.
ATTORNEY FOR (Name): Defendant(s), Antelope Valley	
Los Angeles Superior Court-CCW	
Case Name: Antelope Valley Groundwater Cases	CASE NUMBER: JCCP4408
	DEPARTMENT:
·	316/Special Set Judge
	DATE/TIME: Tuesday Moreh 22nd
	DATE/TIME: Tuesday, March 22nd, 2011/10:00 AM PT
	HEARING: Special Set Hearing
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 referenced proceeding and agrees to	
provisions of the Rule/Order/Procedure Re: CourtCall Telephonic Appearances. I UNDERSTAND THATI DIAL INTO THE	
CALL FIVE MINUTES BEFORE ITS SCHEDULED START TIME. COURTCALL DOES NOT DIAL OUT TO ME.	
2. Not less than 3 Court days or 4:00 PM on the Court day prior to the hearing if the department posts tentative rulings ,	
a copy of this document was served on all other parties and faxed to CourtCall, Telephonic Appearance Program Administrator at (310) 743-1850 OR (888) 88-FAXIN	
3. The CourtCall Appearance Fee in the sum of \$70.00 (plus additional fee of \$35.00 if late filing is accepted) paid as follows:	
Check - (copy attached-write CourtCall ID# on check-and faxed to CourtCall at (310) 743-1850 or (888) 88-FAXIN)	
payable to CourtCall, LLC and original mailed to CourtCall at 6383 Arizona Circle, Los Angeles, CA 90045, telephone (310)	
342-0888 or (888) 88-COURT. INDIVIDUALS REPRESENTING THEMSELVES MUST PAY BY CREDIT CARD!	
Charged - to CourtCall Debit Account No.:	
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) 88-FAXIN with the above credit card information	
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 if you do not receive a faxed Confirmation within 24	
hours. WITHOUT A WRITTEN CONFIRMATION YOU ARE NOT ON THE COURTCALL CALENDAR AND MAY BE	
PRECLUDED FROM APPEARING TELEPHONICALLY! COURTCALL'S LIABILITY CONCERNING THIS TELEPHONIC APPEARANCE IS LIMITED TO THE FEE PAID TO COURTCALL. Matters continued at the time of the hearing require a new	
form and a new fee for the continued date. It is counsel's responsibility to notify CourtCall of any continuance or cancelation,	
prior to the scheduled hearing time by calling (888) 882-6878.	
5. MY SIGNATURE ON THIS DOCUMENT SERVES AS CONSENT FOR COURTCALL TO CONTINUE TO FAX (AT THE	
FAX NUMBER LISTED ABOVE UNDER "ATTORNEY OF RECORD") OR EMAIL NOTICES TO ME OR MY FIRM	
ADVISING OF UPCOMING APPEARANCES AND/OR OTHER OFFERINGS FROM COURTCALL UNTIL I OR MY FIRM ADVISES COURTCALL OTHERWISE.	
ADVISES COURTCALL OTHERWISE.	\ //
Date: Signature:	
t t Teresa Alvarez [DE]	2008

## PROOF OF SERVICE 1 2 STATE OF CALIFORNIA, **COUNTY OF SANTA BARBARA** 3 4 I am employed in the County of Santa Barbara, State of California. I am over the age of 18 and not a party to the within action; my business address is: 21 E. Carrillo Street, Santa Barbara, 5 California 93101. 6 On March 21, 2011, I served the foregoing document described as: 7 REQUESTS FOR TELEPHONIC APPEARANCE 8 on the interested parties in this action. 9 By posting it on the website by 5:00 p.m. on March 21, 2011. This posting was reported as complete and without error. 10 (STATE) I declare under penalty of perjury under the laws of the State of California 11 that the above is true and correct. 12 Executed in Santa Barbara, California, on March 21, 2011. 13 14 15 16 17 18 MARIA KLACHKO-BLAIR **SIGNATURE** TYPE OR PRINT NAME 19 20 21 22 23 24 25 26 27 28

PROOF OF SERVICE

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