

Law Office of Eben L. Kurtzman, Attorney Appearances

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Appearance Date: _____ Time: _____ Dept #: _____ City: _____

Case Name: _____

Your Client (full name): _____

Case # or CEN/Booking #: _____ D.O.B.: _____

<u>CRIMINAL</u> matters ONLY				<u>CIVIL</u> matters ONLY			
A.K.A.'s _____				I represent: Plaintiff ("Π") Is Defendant ("Δ")			
This is a Felony Misdemeanor Traffic				Matter At-Issue? Yes No			
Def. present? Yes No In custody? Yes No				For Trial Setting Conferences:			
Co-defendants? Yes No If yes, how many?				Est. Trial Days? Jury? Yes No			

CASE INFORMATION – THIS SECTION MUST BE FILLED OUT FOR ALL CASES:

Nature of Hearing: _____

Requested Action: _____

Requested Dates: _____

Dates to AVOID: _____

The Judge may ask why the Attorney is not available, please give reason:

Additional Instructions to Appearing Attorney / Reason for Continuance / Status of Case:

Attorney of Record:

Bar #:

Billing Address:

OFFICE #:

CELL #:

Email:

Fees for appearances are billed in arrears monthly. Charges over 30 days past due are subject to finance charges of 18% APR calculated daily. ****Checks must be made payable to Eben L. Kurtzman**** We accept VISA and Mastercard.
By utilizing the appearance service provided by Eben Kurtzman, you agree to the fees and terms as listed on our most current pricing sheet.

Appearance Results	
Next Court Date: _____	Time: _____ Dept.: _____ Type of Hearing Set: _____
Comments: _____	

Person notified? _____	Date: _____ Time: _____ Notified by: _____
Court papers received? <input type="checkbox"/> No <input type="checkbox"/> Snapout <input type="checkbox"/> Form(s) <input type="checkbox"/> Discovery <input type="checkbox"/> Other: _____ Given to client? Y / N	