

IF INVOICE IS DISPUTED
put an X in the box

X

DISTRIBUTION (Check Box):

HOLD FOR PICKUP

X

ATTACHMENT

MAIL

SUPPLIER NUMBER

23629

SUPPLIER NAME

BOORNIAZIAN, JENSEN & GARTHE

ADDRESS

PO BOX 12925

OAKLAND

CA

CITY

STATE

ZIP 94604

BATCH NUMBER
BATCH DATE
INPUT/AUDITED BY:

TOTAL INVOICE
AMOUNT

\$2,468.45

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN
DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES:

CITY ATTORNEY

04/08/13

AGENCY/DEPARTMENT

DATE

MICHAEL FUNG

PAYMENT REQUEST PREPARED BY

X3602

PHONE NUMBER (REQUIRED)

AUTHORIZATION SIGNATURE AND DATE (REQUIRED)

PRINTED NAME OF AUTHORIZATION SIGNATURE

Michael Fung 4/9/13

#	Date Invoice Received MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer or Account Number and Description (95 Characters Maximum)	Amount	Fund	Org	Account	Project	Program
1	04/08/13	28044-031813	03/18/13	2,468.45		2,468.45	1100	101110	54513		PS01
2											
3											
4											
5											
6											
7											
8											
9											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											
DETAILED DESCRIPTION											
Invoice Total				2,468.45							
TRANSCRIPTS											

**Boornazian,
Jensen &
Garthe**
A Professional Corporation

Jill P. Sazama
jsazama@bjg.com

March 18, 2013

555 12th Street, Suite 1800
Oakland, CA 94607
Telephone: 510.834.4350
Facsimile: 510.839.1897
Website: www.bjg.com

Mailing Address
P.O. Box 12925
Oakland, CA 94604-2925

Arlene M. Rosen, Senior Deputy City Atty.
One Frank H. Ogawa Plaza, 6th Floor
Oakland, CA 94612

Re: *Arsalai, et al. v. City of Oakland, County of Alameda, et al.*
Alameda Superior Court Case No. RG11565214
Our File No.: RISK 26739

6700

Dear Ms. Rosen:

Enclosed are the following deposition invoices received from Pizzotti & Jarnagin:

Inv. #90849	\$1,603.90		Date: 2-21-13
Inv. #90848	\$1,324.00		Date: 2-20-13
Inv. #90867	\$2,009.00		Date: 2-25-13
Total:	\$4,936.90		

Pursuant to our agreement to split the costs 50/50, your portion of the fees is \$2,468.45.

Our office will be paying these invoices directly to Pizzotti & Jarnagin and would ask that you please make your check payable to Boornazian, Jensen & Garthe, 555 12th Street, 18th Floor, Oakland, CA, referencing our file number 26739.

Thank you for your attention to this matter.

Very truly yours,

BOORNAZIAN, JENSEN & GARTHE

Jill Sazama

Jill P. Sazama

23629

JPS/ck/26739
Enclosures
26739\610090

AUTHORIZATION BLOCK	
28044	
CASE#	TYPE OF SERVICE
JMR	3/22/13
ATTY./INVEST./L.A.	DATE
DIVISION HEAD	DATE

City of Oakland

DIRECT PAYMENT REQUEST

IF SUPPLIER IS SUBJECT TO PROMPT PAYMENT, ENTER X IN THE BOX TO THE RIGHT.	X
IF DISPUTED INVOICE, ENTER X IN THE BOX TO THE RIGHT.	
DISTRIBUTION (CHECK BOX(S)):	
HOLD FOR PICKUP	
ATTACHMENT	X
MAIL	

SUPPLIER NO.	77182
SUPPLIER NAME	COURT CALL
ADDRESS	6383 ARIZONA CIRCLE
CITY STATE ZIP	LOS ANGELES, CA 90045

BATCH NO.	
BATCH DATE	
INPUT / AUDITED BY:	
TOTAL INVOICE AMOUNT	78.00

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICE

CITY ATTORNEY	10/31/11	DATE	MICHAEL FUNG	PAYMENT REQUEST PREPARED BY: (REQUIRED)	X3602	REQUESTOR PHONE NO. (REQUIRED)	AUTHORIZATION SIGNATURE AND DATE (REQUIRED)
AGENCY / DEPARTMENT							

Line #	Date Invoice Received MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer Or Account Number	Description (45 Characters Maximum Includes Customer Or Account Number)	Amount	Fund	Org	Account	Project	Program
1	10/31/11	28044-4545375	10/31/11	78.00			78.00	1100	101110	54521		PS01
2												
3												
4												
5												
6												
7												
8												
				INVOICE TOTAL				78.00				
							AMOUNT TOTAL					
							78.00					

DETAILED DESCRIPTION COURT CONFERENCE CALL (PLEASE ISSUE SEPARATE CHECK)

<p>Attorney Appearing: Arlene M. Rosen City of Oakland Attorney's Office Tel No: (510) 238-6623 Fax No: (510) 238-6500 Representing: Defendant(s), City of Oakland</p> <p>Customer Ref #: 28044</p> <p><u>The Court will deny this request to appear by CourtCall unless you file a CMC Statement with the Court by the date stated on the CMC Order or 15 days before the conference, if it is an initial CMC. Visit www.alameda.courts.ca.gov/courts/ and click 'Rulings and CMC Orders' for the Tentative CMC Order. Notify CourtCall in writing of changes BEFORE the appearance.</u></p> <p style="text-align: center;">CONFIRMATION</p>	<p style="text-align: center;">Calendar Status</p> <p>Your CourtCall Appearance has been confirmed for Judge Gail Bereola, Dept. 19 at 9:00 AM PT on Wednesday, November 2nd, 2011</p> <p>At five minutes prior to the above time, dial (866) 265-6006. This call will be operator assisted.</p>
<p>Alameda County Superior Court-Oakland</p>	
<p>Case Name Arsalai vs. County of Alameda</p> <p>Case Number RG11565214</p> <p>Nature of hearing: Case Management Conference</p> <p>CourtCall ID# 4545375 (not access code)</p>	<p style="text-align: center;">Be prompt, or your case may be heard without you!</p> <p>If you encounter any problems or if the Court has not joined the call within 15 minutes, remain on your teleconference and have a staff member call CourtCall, LLC at (310)342-0888 or 1(888)88 COURT.</p>

Mandatory Instructions For Making A CourtCall® Appearance

1. IT IS COUNSEL'S RESPONSIBILITY TO DIAL INTO THE CONFERENCE AT LEAST FIVE MINUTES PRIOR TO THE SCHEDULED APPEARANCE TIME. COURTCALL DOES NOT CALL COUNSEL! If you are unavoidably late and the Court is already in session, you must wait for an appropriate moment to announce yourself. Do not interrupt the Judge.

NEVER PLACE THE CONFERENCE ON HOLD. CELLULAR AND PAYPHONES ARE STRICTLY PROHIBITED.

2. When speaking with the Court, always talk directly into the handset and state your name clearly each time you speak. DO NOT USE YOUR SPEAKERPHONE as it may compromise the quality of the call for ALL participants, including the Court.

3. When you place your call, you must be in a QUIET AREA. Give the Court your absolute undivided attention. All background noise must be eliminated (i.e. cell phones, pagers, intercoms, typing, paper shuffling, dogs barking, babies crying, etc.) Your attention must be focused solely on the Court and you should refrain from making any unnecessary noise or engaging in conversations with others. Disruptions on the conference line will not be tolerated by the Court.

4. Once you have dialed into the conference you may be checked in by an operator or a clerk, alternatively, you may not be addressed until the Court calls your specific case. Listen carefully to the Court proceedings as the Court may make general observations applicable to all matters which will not be repeated.

***** The Court expects you to act professionally and failure to adhere to these instructions may result in the termination of your call or the entire conference, sanctions for a non-appearance or an order for counsel to appear in Court at the next session or such other consequences the Court deems appropriate, as well as withdrawing the privilege of appearing telephonically in the future. *****

It is counsel's responsibility to notify CourtCall of any continuance or cancellation prior to the scheduled hearing time to have your fee apply to the continued hearing or to be eligible for a refund as the Court will not notify CourtCall of any continuance or cancellation of your matter. Matters continued at the time of the hearing require a new form and a new fee for the continued date. To continue or cancel your CourtCall Appearance: Call (888) 882-6878 prior to the scheduled appearance time.

Stop writing checks or tracking credit card charges, open a CourtCall debit account and receive a monthly ledger identifying each CourtCall Appearance. Please call our office for details. Our address is CourtCall LLC, 6383 Arizona Circle, Los Angeles, CA 90045.

IF SUPPLIER IS SUBJECT TO
PROMPT PAYMENT
put an X in the box

X

IF INVOICE IS DISPUTED
put an X in the box

DISTRIBUTION (Check Box):

HOLD FOR PICKUP **X**

ATTACHMENT

MAIL

ADDRESS

CITY

STATE

City of Oakland
DIRECT PAYMENT REQUEST

SUPPLIER NUMBER **36738**

SUPPLIER NAME **PIZZOTTI & JARNAGIN**

ADDRESS **5776 STONERIDGE MALL ROAD, SUITE 350**

CITY **PLEASANTON**

STATE **CA**

ZIP **94588**

BATCH NUMBER	
BATCH DATE	
INPUT/AUDITED BY:	
TOTAL INVOICE AMOUNT	\$822.25

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES:

CITY ATTORNEY

04/09/13

PAYMENT REQUEST PREPARED BY
MICHAEL FUNG

PHONE NUMBER (REQUIRED)
X3602

AUTHORIZATION SIGNATURE AND DATE (REQUIRED)
[Signature] **4/13**

PRINTED NAME OF AUTHORIZATION SIGNATURE

#	Date Invoice Received MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer or Account Number and Description (95 Characters Maximum)	Amount	Fund	Org	Account	Project	Program
1	04/09/13	90921	03/25/13	382.75		382.75	1100	101110	54513		PS01
2	04/09/13	90917	03/25/13	439.50		439.50	1100	101110	54513		PS01
3											
4											
5											
6											
7											
8											
9											
DETAILED DESCRIPTION						Invoice Total	822.25				
DEPOSITION/TRANSCRIPTS						Amount Total	822.25				

INVOICE

Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588
Phone: 925-416-1800 Fax: 925-416-0971

Invoice No.	Invoice Date	Job No.
90921	3/25/2013	27936
Job Date	Case No.	
3/18/2013	RG11565214	
Case Name		
Arsalai vs. County of Alameda		
Payment Terms		
Due upon receipt		

Arlene M. Rosen
Oakland City Attorneys
One Frank Ogawa Plaza
6th Floor
Oakland, CA 94612

1 CERTIFIED COPY OF TRANSCRIPT OF:

Exhibit
Condensed & Index
Delivery Copy
Picture Copies

370.25
0.50
12.00

TOTAL DUE >>>

\$382.75

Thank You! We appreciate your business.
Please call if you have any questions or any further court reporting needs.

AUTHORIZATION BLOCK

28044
CASE # TYPE OF SERVICE
ATTY/INVEST/LA. DATE
DIVISION HEAD DATE

Tax ID: 94-2919938

Please detach bottom portion and return with payment.

Arlene M. Rosen
Oakland City Attorneys
One Frank Ogawa Plaza
6th Floor
Oakland, CA 94612

Job No. : 27936 BU ID : 1-MAIN
Case No. : RG11565214
Case Name : Arsalai vs. County of Alameda

Invoice No. : 90921 Invoice Date : 3/25/2013
Total Due : \$ 382.75

Remit To: Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588

PAYMENT WITH CREDIT CARD



Cardholder's Name:
Card Number:
Exp. Date: Phone#:
Billing Address:
Zip: Card Security Code:
Amount to Charge:
Cardholder's Signature:

INVOICE

Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588
Phone: 925-416-1800 Fax: 925-416-0971

Invoice No.	Invoice Date	Job No.
90917	3/25/2013	27973
Job Date	Case No.	
3/15/2013	RG11565214	
Case Name		
Arsalai vs. County of Alameda		
Payment Terms		
Due upon receipt		

Arlene M. Rosen
Oakland City Attorneys
One Frank Ogawa Plaza
6th Floor
Oakland, CA 94612

1 CERTIFIED COPY OF TRANSCRIPT OF:

Vol. II

Exhibit

Condensed & Index

Delivery Copy

411.50
32.00 Pages 16.00
12.00

TOTAL DUE >>> \$439.50

Thank You! We appreciate your business.
Please call if you have any questions or any further court reporting needs.

(Handwritten signature)

AUTHORIZATION BLOCK
38044
CASE # AMR TYPE OF SERVICE
4/1/13
ATTY./INVEST./L.A. DATE
DIVISION HEAD

fax ID: 94-2919938

Please detach bottom portion and return with payment.

Arlene M. Rosen
Oakland City Attorneys
One Frank Ogawa Plaza
5th Floor
Oakland, CA 94612

Job No. : 27973 BU ID : 1-MAIN
Case No. : RG11565214
Case Name : Arsalai vs. County of Alameda

Invoice No. : 90917 Invoice Date : 3/25/2013
Total Due : \$ 439.50

Remit To: Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____
Cardholder's Signature: _____

IF SUPPLIER IS SUBJECT TO
PROMPT PAYMENT
put an X in the box

X

IF INVOICE IS DISPUTED
put an X in the box

SUPPLIER NUMBER

36738

City of Oakland
DIRECT PAYMENT REQUEST

SUPPLIER NAME

PIZZOTTI & JARNAGIN

ADDRESS

5776 STONERIDGE MALL ROAD, SUITE 350

PLEASANTON

CITY

CA

STATE

CA

ZIP 94588

TOTAL INVOICE
AMOUNT

\$1,708.50

HOLD FOR PICKUP
ATTACHMENT
MAIL

X

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN
DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES:

CITY ATTORNEY

03/12/13

AGENCY/DEPARTMENT

DATE

MICHAEL FUNG

PAYMENT REQUEST PREPARED BY

X3602

PHONE NUMBER (REQUIRED)

AUTHORIZATION SIGNATURE AND DATE (REQUIRED)

PRINTED NAME OF AUTHORIZATION SIGNATURE

[Signature] 3/13/13

#	Date Invoice MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer or Account Number and Description (95 Characters Maximum)	Amount	Fund	Org	Account	Project	Program
1	03/12/13	90782	02/08/13	260.00		260.00	1100	101110	54513		PS01
2	03/12/13	90852	03/05/13	353.00		353.00	1100	90321	54513		IP51
3	03/12/13	90777	02/12/13	1,095.50		1,095.50	1100	90321	54513		IP51
4											
5											
6											
7											
8											
9											

DETAILED DESCRIPTION

Invoice Total

1,708.50

Amount Total

1,708.50

DEPOSITION/TRANSCRIPTS

ORIGINAL INVOICE(S) MUST BE ATTACHED

INVOICE

Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588
Phone: 925-416-1800 Fax: 925-416-0971

Arlene M. Rosen
Oakland City Attorneys
One Frank Ogawa Plaza
6th Floor
Oakland, CA 94612

Invoice No.	Invoice Date	Job No.
90782	2/8/2013	27714
Job Date	Case No.	
1/30/2013	RG11565214	
Case Name		
Arsalai vs. County of Alameda		
Payment Terms		
Due upon receipt		

1 CERTIFIED COPY OF TRANSCRIPT OF:

Exhibit
Condensed & Index
Delivery Copy

8.00 Pages

244.00

4.00

12.00

TOTAL DUE >>>

\$260.00

Thank You! We appreciate your business.
Please call if you have any questions or any further court reporting needs.

AUTHORIZATION BLOCK	
CASE# 28044	TYPE OF SERVICE
ATTY./INVEST./L.A. <i>AMK</i>	DATE 3/7/13
DIVISION HEAD	DATE

Tax ID: 94-2919938

Please detach bottom portion and return with payment.

Arlene M. Rosen
Oakland City Attorneys
One Frank Ogawa Plaza
6th Floor
Oakland, CA 94612

Job No. : 27714 BU ID : 1-MAIN
Case No. : RG11565214
Case Name : Arsalai vs. County of Alameda

Invoice No. : 90782 Invoice Date : 2/8/2013
Total Due : \$ 260.00

Remit To: **Pizzotti & Jarnagin**
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____
Cardholder's Signature: _____

IF SUPPLIER IS SUBJECT TO
PROMPT PAYMENT
put an X in the box

X

IF INVOICE IS DISPUTED
put an X in the box

DISTRIBUTION (Check Box):

HOLD FOR PICKUP

X

ATTACHMENT

MAIL

SUPPLIER NUMBER

77182

SUPPLIER NAME

COURTCALL LLC

ADDRESS

6383 ARIZONA CIRCLE

CITY

LOS ANGELES

STATE

CA

ZIP 90045

BATCH NUMBER

BATCH DATE

INPUT/AUDITED BY:

TOTAL INVOICE
AMOUNT

\$78.00

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN
DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES:

CITY ATTORNEY

04/18/12

AGENCY/DEPARTMENT

DATE

MICHAEL FUNG

PAYMENT REQUEST PREPARED BY

X3602

PHONE NUMBER (REQUIRED)

AUTHORIZATION SIGNATURE AND DATE (REQUIRED)

PRINTED NAME OF AUTHORIZATION SIGNATURE

Michael Fung 4/19/12

#	Date Invoice Received MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer or Account Number and Description (95 Characters Maximum)	Amount	Fund	Org	Account	Project	Program
1	04/17/12	28044-4882279	04/17/12	78.00		78.00	1100	101110	54521		PS01
2											
3											
4											
5											
6											
7											
8											
9											
Invoice Total				78.00							
Amount Total						78.00					

DETAILED DESCRIPTION

COURT CONFERENCE (PLEASE ISSUE SEPARATE CHECK)

ORIGINAL INVOICE(S) MUST BE ATTACHED

OAKLAND CITY ATTORNEY'S OFFICE

CHECK REQUEST

DATE NEEDED: ASAP
ALLOW (7) WORKING DAYS)

PAY TO THE ORDER OF: COURTCALL (Tax ID# 94-4568415)

AMOUNT: Seventy-Eight Dollars and no/cents (\$78.00)

DELIVERY PROCEDURE:

 MAIL TO PICK UP BY XXX RETURN TO (A. Hall)

(NAME)
COURTCALL

6383 Arizona Circle – Los Angeles, CA 90045
(STREET) CITY, STATE, ZIP

CASE NAME: Arsalai v. City of Oakland, et al.

OUR FILE #: 28004 SPK OUR CLAIM #:

Please Check Appropriate Box

 Witness Fees Settlement (Include responsible dept.)
 Prof. Service Depos/Transcripts/Medical Records, etc.
 Judgment (Include responsible dept.)
 SEMINAR REGISTRATION

Name of Seminar
Date of Conference
Staff to Attend

XXX OTHER Telephonic Appearance for CMC/Compliance Hearing

PLEASE NOTE:

- Accounting requires that all check requests must be accomplished by a bill or some other substantiating documents.
- Settlement, Arbitration Awards and Judgment must be accompanied by a Resolution signed by the City Clerk's Office, or a Court Order signed by a Judge.

AUTHORIZATION BLOCK

Ed Carlson Nelson
STAFF MEMBER REQUESTING CHECK

4/17/12
DATE

DIVISION HEAD
640384

DATE

ATTORNEY OF RECORD: Arlene M. Rosen City of Oakland Attorney's Office Telephone NO: (510) 238-6623 Fax No: (510) 238-6500 State Bar No. <u>100160</u> ATTORNEY FOR (Name): Defendant(s), City of Oakland	DO NOT FILE WITH COURT COMPLETELY FILL OUT/CORRECT FORM BEFORE SUBMITTING TO COURTCALL!! CourtCall ID#: 4882279
Alameda County Superior Court-Oakland	
Case Name: Aarsalai vs. County of Alameda <u>The Court will deny this request to appear by CourtCall unless you file a CMC Statement with the Court by the date stated on the CMC Order or 15 days before the conference, if it is an initial CMC. Visit www.alameda.courts.ca.gov/courts/ and click 'Rulings and CMC Orders' for the Tentative CMC Order. Notify CourtCall in writing of changes BEFORE the appearance.</u>	CASE NUMBER: RG11565214 DEPARTMENT: 19/Judge Gail Bereola DATE/TIME: Wednesday, April 18th, 2012/9:00 AM PT HEARING: Case Management Conference
REQUEST FOR COURTCALL TELEPHONIC APPEARANCE	Our Tax ID#: 95-4568415

1. ARLENE M. ROSEN (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 THAT I 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 \$78.00 (plus additional fee of \$30.00 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 cancellation, 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.**

Date: 4-16-12

Signature: _____

Arlene M. Rosen

COURTCALL, LLC
Telephonic Court Appearances
(TEL) (310) 342-0888 (888) 88-COURT
(FAX) (310) 743-1850 (888) 88-FAXIN
6383 ARIZONA CIRCLE
LOS ANGELES, CA 90045

YOUR REQUEST FORM/SERVICE COPY REGARDING THE FOLLOWING COURT APPEARANCE IS ATTACHED.

Arlene M. Rosen
City of Oakland Attorney's Office
(510) 238-6623
(510) 238-6500

Per CRC 3.670, effective 7/1/11 the statewide fee for a CourtCall Appearance is \$78.00, \$20.00 of which is for the benefit of the Trial Court Trust Fund.

STOP WRITING CHECKS OR TRACKING CREDIT CARD CHARGES! CALL COURTCALL TO OPEN A DEBIT ACCOUNT AND RECEIVE A MONTHLY LEDGER IDENTIFYING EACH COURTCALL APPEARANCE.

Re: Case Name: Arsalai vs. County of Alameda
Case No.: RG11565214 CourtCall ID#: 4882279
Jurisdiction: Alameda County Superior Court-Oakland
Dept/Judge: 19 / Judge Gail Bereola
Proceeding: Case Management Conference
Date/Time: Wednesday, April 18th, 2012/9:00 AM PT

PARTICIPANTS DIAL THE TOLL-FREE TELECONFERENCE NUMBER FOR THE DEPARTMENT WHICH IS PROVIDED IN THE CONFIRMATION COURTCALL WILL SEND TO YOU. COURTCALL DOES NOT CALL OUT TO PARTICIPANTS!

Check In Time is five (5) minutes prior to above appearance time
CourtCall Appearance Fee: \$78.00

Subject to any special conditions set forth on the Request Form, the faxed Request Form must be received by CourtCall, no later than April 13th, 2012.

Late filings, if accepted, will be subject to an additional filing fee of \$30.00

No consent from opposing counsel is required

Call from any touch-tone phone in the USA (**NO CELLULAR PHONES/CORDLESS PHONES/PAY PHONES!**). CALL COURTCALL IN ADVANCE IF YOU WILL BE CALLING FROM OUTSIDE THE USA.

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.

CourtCall Appearances are available in various Courts in Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Puerto Rico, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia and Wyoming. Call CourtCall, LLC for details.

The foregoing information has been obtained from court records which may not reflect recent calendar changes. If it is inaccurate because your appearance has been continued to a new date, please apply this information to the new date. If the matter is off calendar or you have no involvement in the case, please disregard this notice. **DO NOT CALL THE COURT CLERK!**

OUR REPRESENTATIVES ARE AVAILABLE TO MAKE PRESENTATIONS FOR YOUR FIRM, YOUR CLIENTS, BAR ASSOCIATIONS OR OTHER GROUPS. PLEASE CALL TO SCHEDULE A PRESENTATION. HELP MAKE THE BENEFITS OF COURTCALL APPEARANCES AVAILABLE IN MORE LOCATIONS! FAX BACK THIS SHEET WITH THE NAME/PHONE NUMBER OF A JUDGE/COURT YOU THINK WILL BE INTERESTED IN LEARNING MORE ABOUT COURTCALL:

IF YOU DO NOT WISH TO RECEIVE FURTHER FAX NOTICES/OFFERINGS FROM COURTCALL, PLEASE EITHER CALL US, TOLL-FREE AT 888-882-6878 FROM 5:00 AM TO 5:30 PM PACIFIC TIME OR FAX US, TOLL-FREE AT 888-883-2946 ANYTIME, PROVIDING YOUR NAME AND THE FAX NUMBER(S) TO BE EXCLUDED.

SUPPLIER IS SUBJECT TO PROMPT PAYMENT, ENTER X IN THE BOX TO THE RIGHT.

City of Oakland

DISPUTED INVOICE, ENTER X IN THE BOX TO THE RIGHT.

DIRECT PAYMENT REQUEST

DISTRIBUTION (CHECK BOXES):

HOLD FOR PICKUP
ATTACHMENT
MAIL

SUPPLIER NO. 77182
SUPPLIER NAME COURTCALL
ADDRESS 6383 ARIZONA CIRCLE
CITY STATE ZIP LOS ANGELES, CA 90045

[Signature]

BATCH NO.
BATCH DATE
INPUT / AUDITED BY:
TOTAL INVOICE AMOUNT 78.00

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICE

CITY ATTORNEY

AGENCY / DEPARTMENT

DATE

01/24/12

MICHAEL FUNG

PAYMENT REQUEST PREPARED BY:

X3602

REQUESTOR PHONE NO. (REQUIRED)

[Signature] 1/24/12
AUTHORIZATION SIGNATURE AND DATE (REQUIRED)

#	Date Invoice Received MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer Or Account Number	Description (45 Characters Maximum Includes Customer Or Account Number)	Amount	Fund	Org	Account	Project	Program
1	01/24/12	28044-4720559	01/24/12	78.00			78.00	1100101110	54521			PS01
2												
3												
4												
5												
6												
7												
8												
				INVOICE TOTAL	78.00			AMOUNT TOTAL	78.00			

DETAILED DESCRIPTION

COURT CONFERENCE CALL (PLEASE ISSUE SEPARATE CHECK)

CHECK REQUEST

878536

ATTORNEY OF RECORD: Arlene M. Rosen City of Oakland Attorney's Office Telephone NO: (510) 238-6623 Fax No: (510) 238-6500 State Bar No. <u>100160</u> ATTORNEY FOR (Name): Defendant(s), City of Oakland	DO NOT FILE WITH COURT COMPLETELY FILL OUT/CORRECT FORM BEFORE SUBMITTING TO COURTCALL!! CourtCall ID#: <u>4720559</u>
Alameda County Superior Court-Oakland	
Case Name: Arsalai vs. County of Alameda <u>The Court will deny this request to appear by CourtCall unless you file a CMC Statement with the Court by the date stated on the CMC Order or 15 days before the conference, if it is an initial CMC. Visit www.alameda.courts.ca.gov/courts/ and click 'Rulings and CMC Orders' for the Tentative CMC Order. Notify CourtCall in writing of changes BEFORE the appearance.</u>	CASE NUMBER: RG11565214 DEPARTMENT: 19/Judge Gail Bereola DATE/TIME: Wednesday, February 1st, 2012/9:00 AM PT HEARING: Case Management Conference
REQUEST FOR COURTCALL TELEPHONIC APPEARANCE	Our Tax ID#: 95-4568415

1. ARLENE M. ROSEN (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 THAT I 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 \$78.00 (plus additional fee of \$30.00 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 cancellation, 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.**

Date: January 24, 2012

Signature: Arlene M. Rosen by CSA

City of Oakland

DIRECT PAYMENT REQUEST

IF SUPPLIER IS SUBJECT TO PROMPT PAYMENT, ENTER X IN THE BOX TO THE RIGHT. IF DISPUTED INVOICE, ENTER X IN THE BOX TO THE RIGHT.		X	
DISTRIBUTION (CHECK BOX(S)): HOLD FOR PICKUP ATTACHMENT MAIL		X	
SUPPLIER NO. 77182 SUPPLIER NAME COURTCALL ADDRESS 6383 ARIZONA CIRCLE CITY STATE ZIP LOS ANGELES, CA 90045		BATCH NO. BATCH DATE INPUT/AUDITED BY: TOTAL INVOICE AMOUNT 78.00	

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICE

CITY ATTORNEY

AGENCY / DEPARTMENT

DATE

10/31/11

MICHAEL FUNG

PAYMENT REQUEST PREPARED BY:

X3602

REQUESTOR PHONE NO. (REQUIRED)

AUTHORIZATION SIGNATURE AND DATE (REQUIRED)

Line #	Date Invoice Received MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer Or Account Number	Description (45 Characters Maximum Includes Customer Or Account Number)	Amount	Fund	Org	Account	Project	Program
1	10/31/11	28044-4545375	10/31/11	78.00			78.00	1100101110	54521			PS01
2												
3												
4												
5												
6												
7												
8												
				INVOICE TOTAL	78.00			AMOUNT TOTAL	78.00			

DETAILED DESCRIPTION

COURT CONFERENCE CALL (PLEASE ISSUE SEPARATE CHECK)

<p>Attorney Appearing: Arlene M. Rosen City of Oakland Attorney's Office Tel No: (510) 238-6623 Fax No: (510) 238-6500 Representing: Defendant(s), City of Oakland</p> <p>Customer Ref #: 28044</p> <p><u>The Court will deny this request to appear by CourtCall unless you file a CMC Statement with the Court by the date stated on the CMC Order or 15 days before the conference, if it is an initial CMC. Visit www.alameda.courts.ca.gov/courts/ and click 'Rulings and CMC Orders' for the Tentative CMC Order. Notify CourtCall in writing of changes BEFORE the appearance.</u></p>	<p align="center">Calendar Status</p> <p>Your CourtCall Appearance has been confirmed for Judge Gail Bereola, Dept. 19 at 9:00 AM PT on Wednesday, November 2nd, 2011</p> <p>At five minutes prior to the above time, dial (866) 265-6006. This call will be operator assisted.</p>
<h2>CONFIRMATION</h2>	
<p>Alameda County Superior Court-Oakland</p>	
<p>Case Name Aرسالاي vs. County of Alameda</p> <p>Case Number RG11565214</p> <p>Nature of hearing: Case Management Conference</p> <p>CourtCall ID# 4545375 (not access code)</p>	<p align="center">Be prompt, or your case may be heard without you!</p> <p>If you encounter any problems or if the Court has not joined the call within 15 minutes, remain on your teleconference and have a staff member call CourtCall, LLC at (310)342-0888 or 1(888)88 COURT.</p>

Mandatory Instructions For Making A CourtCall® Appearance

1. IT IS COUNSEL'S RESPONSIBILITY TO DIAL INTO THE CONFERENCE AT LEAST FIVE MINUTES PRIOR TO THE SCHEDULED APPEARANCE TIME. COURTCALL DOES NOT CALL COUNSEL! If you are unavoidably late and the Court is already in session, you must wait for an appropriate moment to announce yourself. Do not interrupt the Judge.

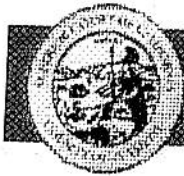
NEVER PLACE THE CONFERENCE ON HOLD. CELLULAR AND PAYPHONES ARE STRICTLY PROHIBITED.

- 2.** When speaking with the Court, **always** talk directly into the handset and **state your name clearly each time you speak. DO NOT USE YOUR SPEAKERPHONE** as it may compromise the quality of the call for ALL participants, including the Court.
- 3.** When you place your call, you must be in a **QUIET AREA**. Give the Court your absolute undivided attention. All background noise must be eliminated (i.e. cell phones, pagers, intercoms, typing, paper shuffling, dogs barking, babies crying, etc.) Your attention must be focused solely on the Court and you should refrain from making any unnecessary noise or engaging in conversations with others. Disruptions on the conference line will not be tolerated by the Court.
- 4.** Once you have dialed into the conference you may be checked in by an operator or a clerk, alternatively, you may not be addressed until the Court calls your specific case. Listen carefully to the Court proceedings as the Court may make general observations applicable to all matters which will not be repeated.

***** The Court expects you to act professionally and failure to adhere to these instructions may result in the termination of your call or the entire conference, sanctions for a non-appearance or an order for counsel to appear in Court at the next session or such other consequences the Court deems appropriate, as well as withdrawing the privilege of appearing telephonically in the future. *****

It is counsel's responsibility to notify CourtCall of any continuance or cancelation prior to the scheduled hearing time to have your fee apply to the continued hearing or to be eligible for a refund as the Court will not notify CourtCall of any continuance or cancelation of your matter. Matters continued at the time of the hearing require a new form and a new fee for the continued date. **To continue or cancel your CourtCall Appearance: Call (888) 882-6878 prior to the scheduled appearance time.**

Stop writing checks or tracking credit card charges, open a CourtCall debit account and receive a monthly ledger identifying each CourtCall Appearance. Please call our office for details. Our address is CourtCall LLC, 6383 Arizona Circle, Los Angeles, CA 90045.



Superior Court of California
County of Alameda

Superior Court of California, County of Alameda
Gale / Schenone Hall of Justice
5672 Stoneridge Drive
Pleasanton, CA 94588

Receipt Nbr: 457298
Clerk: rcase
Date: 07/05/2011

Type	Case Number	Description	Amount
Service	RG11565214	9 Fax Filing Page(s)	\$9.00

Total Amount Due: \$9.00
Prior Payment:
Current Payment: \$9.00
Balance Due: \$.00
Overage:
Excess Fee:
Change:

Payment Method:
Cash:
Check:
Credit Card: \$9.00

Arsala, Mohammed

28044

OPD

City of Oakland

DIRECT PAYMENT REQUEST

7710-11

IF SUPPLIER IS SUBJECT TO PROMPT PAYMENT, ENTER X IN THE BOX TO THE RIGHT.	X
IF DISPUTED INVOICE, ENTER X IN THE BOX TO THE RIGHT.	
DISTRIBUTION (CHECK BOXES):	
HOLD FOR PICKUP	
ATTACHMENT	X
MAIL	

SUPPLIER NO.	77182
SUPPLIER NAME	COURTCALL
ADDRESS	6383 ARIZONA CIRCLE
CITY STATE ZIP	LOS ANGELES, CA 90045

BATCH NO.	
BATCH DATE	
INPUT / AUDITED BY:	
TOTAL INVOICE AMOUNT	150.00

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICE

CITY ATTORNEY

AGENCY / DEPARTMENT

07/11/11

DATE

MICHAEL FUNG

PAYMENT REQUEST PREPARED BY:

X3602

REQUESTOR PHONE NO. (REQUIRED)

AUTHORIZATION SIGNATURE AND DATE (REQUIRED)

#	Date Invoice Received MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer Or Account Number	Description (45 Characters Maximum Includes Customer Or Account Number)	Amount	Fund	Org	Account	Project	Program
1	07/08/11	28044-4325318	07/07/11	75.00			75.00	1100	101110	54521		PS01
2	07/08/11	27704-4323816	07/07/11	75.00			75.00	1100	30111	54521		IP40
3												
4												
5												
6												
7												
8												
INVOICE TOTAL				150.00				AMOUNT TOTAL	150.00			

DETAILED DESCRIPTION

COURT CONFERENCE CALL (PLEASE ISSUE SEPARATE CHECK)

CHECK REQUEST

ATTORNEY OF RECORD: Arlene M. Rosen Oakland City Attorneys Office Telephone NO: (510) 238-7681 Fax No: (510) 238-6500 State Bar No. _____ ATTORNEY FOR (Name): Defendant(s), City of Oakland	DO NOT FILE WITH COURT COMPLETELY FILL OUT/CORRECT FORM BEFORE SUBMITTING TO COURTCALL!! CourtCall ID#: 4325318
Alameda County Superior Court-Oakland	
Case Name: Arsalai vs. City of Oakland <u>The Court will deny this request to appear by CourtCall unless you file a CMC Statement with the Court by the date stated on the CMC Order or 15 days before the conference. If it is an initial CMC. Visit www.alameda.courts.ca.gov/courts/ and click 'Rulings and CMC Orders' for the Tentative CMC Order. Notify CourtCall in writing of changes BEFORE the appearance.</u>	CASE NUMBER: RG11565214 DEPARTMENT: 19/Judge Gail Bereola DATE/TIME: Monday, July 25th, 2011/9:00 AM PT HEARING: Case Management Conference
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 THAT I 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 \$78.00 (plus additional fee of \$30.00 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 cancellation, 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.**

Date: _____

Signature: _____