



San Mateo County Bar Association
333 Bradford Street, Suite 200
Redwood City, CA 94063

Phone: 650.298.4023
Fax: 650.368.3892

WAIVER OF PERSONAL APPEARANCE

Client Name

Attorney Name

I, _____, am the client attorney in this matter. I will be unable to attend the hearing and, under Rule 27.0 of the San Mateo County Bar Association Rules of Procedure for Fee Arbitrations, I waive my personal appearance.

My written testimony and/or exhibits are:

- attached to this document
- included with the Client's Request for Arbitration
- included with the Attorney's Reply

In addition, under Rule 27.0, I designate do not designate a representative to attend the hearing for me. That person's name, address and telephone number are:

Name

Address

City, State, Zip Code

Telephone Number

I declare under penalty of perjury under the laws of the State of California that my statements on this request and any attachments are true and correct.

Signature

Date