ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address):	FOR COURT USE ONLY
Telephone No.: Fax No. (Optional): E-Mail Address: ATTORNEY FOR (Name): Bar No:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE CENTRAL JUSTICE CENTER 700 Civic Center Drive West Santa Ana, CA 92701-4045	
IN THE MATTER OF:	
AGREEMENT TO APPEAR AND COMPLY (Probate)	CASE NUMBER:

☐ I, (name) _____, as attorney of record for petitioner, (name) _____, understand that I am subject to court order requiring me to appear. I agree to appear on (date) _____ at (time) _____ in Department _____ unless the matter is vacated or recommended off-calendar. I further understand that it is my responsibility to check the court's website shortly before the hearing date for possible changes to the assigned date, time, and department, and I agree to appear if the review hearing is moved but remains on calendar. In addition, I understand that (1) if the matter remains on calendar and I do not appear, the court may sanction me, and (2) if I have not filed required documents by the date of the review hearing and do not have good cause for my failure, the court may sanction me. Finally, I understand that if I am relieved as counsel before this review hearing, I am still subject to the order to return, and if I fail to ensure that someone appears at the review hearing, the court may sanction me.

☐ I, (name) _____, as self-represented petitioner, understand that I am subject to court order requiring me to appear. I agree to appear on (date) _____ at (time) _____ in Department _____ unless the matter is vacated or recommended off-calendar. I further understand that it is my responsibility to check the court's website shortly before the hearing date for possible changes to the assigned date, time, and department, and I agree to appear if the review hearing is moved but remains on calendar. In addition, I understand that (1) if the matter remains on calendar and I do not appear, the court may sanction me, and (2) if I have not filed required documents by the date of the review hearing and do not have good cause for my failure, the court may sanction me.

Dated: _____

_____ _____
(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

Dated: _____

_____ _____
(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY)