

**SUPERIOR COURT OF THE STATE OF WASHINGTON
COUNTY OF KING**

STATE OF WASHINGTON

Plaintiff,

vs.

Defendant.

In Custody Out of Custody

NO. _____

**AUTHORIZATION FOR APPEARANCE
THROUGH COUNSEL**

By my signature, I acknowledge that I must appear at all hearings set by the Court. I understand that I may appear in person, remotely, or through counsel for these hearings. I acknowledge that I am required to appear physically in person (or remotely, if the Court permits), for arraignment, trial, sentencing, and any hearings for which the Court finds good cause for me to appear in person. At this time, I prefer to have counsel appear for me for all hearings where I do not have to appear in person. I understand that I must maintain contact with my attorney to allow my attorney to appear for me at a hearing. I understand that I am presumed to have received notice of hearings if such notice is given to my attorney appearing on my behalf. I understand that I may revoke this decision at any time and appear in person (or remotely with the Court's permission).

DATED: _____, 20____.

Date signed by Defendant

Signature of the Defendant

I am fluent in the _____ language, and I have translated this entire document for the Defendant from English into that language. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Interpreter

Date