

MOTION FOR REMOTE HEARING

Commonwealth of Virginia – rev. 04/16/2020

Case No. _____

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Circuit Court General District Court Juvenile & Domestic Relations District Court

It is the responsibility of the requesting party to ensure:

All parties and witnesses agree to a remote hearing AND have the ability to connect in the manner requested.

Case Names:

_____	_____
Petitioner/Plaintiff	Defendant/Respondent
_____	_____
Address	Address
_____	_____
Address	Address
_____	_____
Telephone Number	Telephone Number

Remote Mechanism Requested:

- Telephonic
- WebEx – Best used with a personal computer
- Polycom Virtual Meeting Rooms – Best used with other Polycom video equipment

Hearing Date Information
<input type="checkbox"/> Case currently set for _____
<input type="checkbox"/> Request hearing date. List attorneys’/parties’ available dates: _____

Reason for remote hearing request: _____

Witnesses to be called: _____

Other parties to be called: _____

Parties appearing remotely: All _____

Evidence to be presented: None Documents Pictures Objects _____

Interpreter/Other Special Needs: None Yes – Explain _____

Requesting Party: _____ Petitioner/Plaintiff Defendant/Respondent
 Attorney Self-represented

COURT USE ONLY

ORDER

Granted Denied Other _____

Judge _____ Entered _____

Contact Information for ALL Remote Participants

MOTION FOR REMOTE HEARING-Addendum

Case No. _____

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<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____	<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____
<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____	<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____
<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____	<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____
<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____	<input type="checkbox"/> Witness <input type="checkbox"/> Other _____ Name _____ Address _____ _____ Phone _____ Email _____

CONFIDENTIAL INFORMATION – PLACE IN SEALED ENVELOPE