

MOTION FOR REMOTE HEARING

Commonwealth of Virginia – rev. 04/16/2020

Case No. _____

Page: 1 of _____

☐ Circuit Court ☐ General District Court ☐ Juvenile & Domestic Relations District Court

It is the responsibility of the requesting party to ensure:

All parties and witnesses

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

☐ Case currently set for _____

☐ 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

Commonwealth of Virginia – rev. 04/16/2020

Case No. _____

Page: ____ of ____

<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