JUVENILE COURT DEPARTMENT
VIDEOCONFERENCING AVAILABILITY FORM

Please attach a copy of this form to the motion requesting the use of videoconferencing equipment

To Be Completed by Requesting Party
REQUESTOR INFORMATION

Name of Requestor: _____

Title of Requestor: _____

Address: _____

Telephone Number: _____ Date of Request: _____

VIDEOCONFERENCING DETAILS

Case Name: _____ Docket No. _____

Court Location: _____

Date of Videoconference: _____

Time of Videoconference: _____ ☐ a.m. ☐ p.m. Estimated Length of Use:_____

Juvenile Court Matter: ☐ Trial ☐ Pre-Trial Conference
(check one)

☐ Other: _____

REMOTE SITE DETAILS

Location: _____

Name of Videoconferencing Liaison/Contact Person: _____

Telephone Number: _____

To Be Completed by Videoconferencing Liaison
REQUEST FOR USE OF VIDEOCONFERENCING EQUIPMENT

☐ AVAILABLE ☐ NOT AVAILABLE

By Videoconferencing Liaison: _____ Date: _____