## **MOTION FOR VIRTUAL APPEARANCE**

1. VIRTUAL APPEARANCE REQUESTED BY:

DOCKET NUMBER

REQUEST TO THE COURT

**Trial Court of Massachusetts Boston Municipal Court Department** 



CASE NAME:

SECTION I

2. VIRTUAL APPEARANCE REQUESTE	D FOR:
3. IS THE DEFENDANT IN CUSTODY?	YES NO
4. IF YES, IN WHAT FACILITY IS THE D	EFENDANT BEING HELD?
5. REASON FOR REQUEST:	
6. ESTIMATED LENGTH OF HEARING:	
7. HAVE ALL PARTIES AGREED TO PR	OCEED VIRTUALLY? YES NO
8. HAVE ALL NECESSARY DOCUMENT	S FOR THIS HEARING BEEN
FILED WITH THE COURT?	YES NO
9. CONTACT INFORMATION	
COMMONWEALTH/PLAINTIFF'S AT	TORNEY DEFENSE COUNSEL/SELF REPRESENTED DEFENDANT
NAME:	NAME:
PHONE NUMBER:	PHONE NUMBER:
EMAIL:	EMAIL:
10. COMMENTS OR ADDITIONAL INFO	RMATION RELATIVE TO THIS REQUEST:
I understand this request is subject to approve Clerk/Magistrate as soon as reasonably practi	al at the discretion of the Court and if approved will be scheduled by the icable.
DATED	REQUESTING PARTY or ATTORNEY (Attorneys please provide BBO#)
SECTION II DECISI	ON OF THE COURT (COURT USE ONLY)
	VED AND THE MATTER IS SET DOWN FOR A HEARING ON THE FOLLOWING
DATE AND TIME:  DATE	TIME
5.112	
ADDITIONAL INFORMATION REGARDING HEARING (if applicab	ele)
MOTION TO APPEAR VIRTUALLY DENIED	)
DATED	JUSTICE
	<b>&gt;</b>
BMC 8/2020	
DIVIQ 0/2020	