

REQUEST FOR VIDEO CONFERENCE

This form should be completed by moving party in order to ensure proper coordination between the courtroom, court staff and witness site. Local Rule L8 should be consulted when completing this request. Only Internet based site is permitted. No home video (i.e. Skype).

PLEASE RETURN THIS FORM TO THE LYCOMING COUNTY COURT SCHEDULING TECHNICIAN TO FACILITATE THE DATE/TIMES REQUESTED. DO NOT PROCESS THE FORM DIRECTLY WITH THE COURT.

Phone: 570-327-2417 | Email: amcdonald@lyco.org | Fax: 570-327-2288

Docket #

Judge

- 1) Name of Filing Party: _____
- 2) Place of Confinement and Inmate Number # (if applicable): _____
- 3) Filing Party's Attorney: _____
- 4) Type of Hearing: _____
- 5) Reason for Request (see local rule): _____
- 6) Other Party Notified _____ yes _____ no
Opposed _____ yes _____ no
- 7) Connection Requirements: Filing party is responsible to have remote location site call at least 10 minutes prior to scheduled hearing.
 - Date and Time of Hearing _____
 - Requested Time for Connection and Duration _____
 - Courtroom _____
 - Name of Witness(es) _____

Remote locations should call video number for assigned courtroom. Please circle assigned courtroom.

Courtroom #1	216.169.164.59
Courtroom #2	216.169.164.60
Courtroom #3	216.169.164.56
Courtroom #4	216.169.164.57
Courtroom #5	216.169.164.54
Portable Unit	216.169.164.62 (Family Court, Basement Conference Room)

DO NOT WRITE BELOW THIS LINE (FOR COURTS USE ONLY)

- Request Approved
- Request Denied

Date

Judge

Cc: Court Scheduling Technician
Information Services
Court Administrator
Public Defender/Private Attorney
District Attorney
Court file