## **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) 2) 3) 4) 5) 6)	Place of Confinement and Inma Filing Party's Attorney: Type of Hearing: Reason for Request (see local r Other Party Notified Opposed	
	<ul> <li>Date and Time of Hearing</li> <li>Requested Time for Connection and Duration</li> <li>Courtroom</li> <li>Name of Witness(es)</li> </ul>	
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)		
		<ul><li>Request Approved</li><li>Request Denied</li></ul>
 Date		Judge
Cc: Court Scheduling Technician Information Services Court Administrator		

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