

**MOTION FOR REMOTE HEARING**

Commonwealth of Virginia – rev. 06/19/2020

Case No. \_\_\_\_\_

Page: 1 of \_\_\_\_\_

**Virginia Beach Juvenile & Domestic Relations District Court**

**It is the responsibility of the requesting party to ensure that 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**

Case No. \_\_\_\_\_

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Page: \_\_\_\_ of \_\_\_\_

Witness    Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Witness    Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Witness    Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Witness    Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Witness    Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Witness    Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Witness    Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Witness    Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**CONFIDENTIAL INFORMATION – PLACE IN SEALED ENVELOPE**