

Lycoming County

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: courtscheduling@lyco.org | Fax: 570-327-2293

- 1) Docket #: _____
- 2) Name of Inmate and Inmate #: _____
- 3) Place of Confinement: _____
- 4) Inmate's Attorney: _____
- 5) Type of Hearing: _____
- 6) Reason for Request (see local rule): _____
- 7) Other Party Notified _____ yes _____ no
Opposed _____ yes _____ no
 - Date and Time of Hearing _____
 - Requested Time for Connection and Duration _____
 - Courtroom _____

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

Courtroom #1	216.169.164.49##591101
Courtroom #2	216.169.164.49##591201
Courtroom #3	216.169.164.49##591301
Courtroom #4	216.169.164.49##591401
Courtroom #5	216.169.164.49##591501
Courtroom #6	216.169.164.49##593801
Courtroom #7	216.169.164.49##593901

Zoom

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

Request Approved
 Request Denied

Date _____

Judge _____

Cc: Court Scheduling Technician
 Information Services
 Public Defender/Private Counsel
 District Attorney
 Adult Probation Office

Confirmation #