

MOTION FOR REMOTE HEARING

Case No. _____

Commonwealth of Virginia – rev. 5/11/2020

Henrico Juvenile & Domestic Relation District Court:

Motions can be submitted via: Mail (P.O. Box 90775, Henrico, VA 23273) , Fax 804-501-5487, E-mail JDRinfo@henrico.us, or Clerk’s Office drop box located at the Courthouse entrance.

Please note: IT IS THE RESPONSIBILITY OF THE REQUESTING PARTY TO ENSURE THAT ALL PARTIES AND WITNESSES AGREE TO A REMOTE HEARING AND HAVE THE ABILITY TO CONNECT IN THE MANNER REQUESTED.

Petitioner/Commonwealth

Respondent/Defendant

Remote Mechanism Requested:

- Telephonic
- WebEx – A camera on a personal computer, tablet or cell phone is required

Hearing Date Information

- Case currently set for _____
- Request hearing date. List attorneys’/parties’ available dates:

Witnesses to be called: _____

Parties appearing remotely: All _____

Exhibits* to be presented: None Documents Pictures Objects _____

***Exhibits shall be submitted to the Court at least 3 business days prior to hearing. Evidence can be submitted via: mail (P.O. Box 90775, Henrico, VA 23273), fax (804-501-5487), e-mail (JDRExhibits@henrico.us) or Clerk’s Office drop box located at the Courthouse entrance**

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
including the Parties

MOTION FOR REMOTE HEARING-Addendum

Case No. _____

Commonwealth of Virginia – rev. 5/11/2020

<p>Petitioner</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>	<p>Respondent/Defendant</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>
<p><input type="checkbox"/> Witness <input type="checkbox"/> Other _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>	<p><input type="checkbox"/> Witness <input type="checkbox"/> Other _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>
<p><input type="checkbox"/> Witness <input type="checkbox"/> Other _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>	<p><input type="checkbox"/> Witness <input type="checkbox"/> Other _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>
<p><input type="checkbox"/> Witness <input type="checkbox"/> Other _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>	<p><input type="checkbox"/> Witness <input type="checkbox"/> Other _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>

CONFIDENTIAL INFORMATION – PLACE IN SEALED ENVELOPE