

**MOTION FOR REMOTE VIRTUAL HEARING**

Commonwealth of Virginia

Case No(s). \_\_\_\_\_

Court Date \_\_\_\_\_

**Albemarle General District Court**

*Pursuant to Virginia Code Sections 16.1-276.3 and 19.2-3.1, it is SOLELY WITHIN THE DISCRETION OF THE COURT WHETHER TO CONDUCT ANY HEARING USING A TELEPHONIC COMMUNICATION SYSTEM OR AN ELECTRONIC AUDIO AND VIDEO COMMUNICATION SYSTEM TO PROVIDE FOR THE APPEARANCE OF ANY PARTIES AND WITNESSES.*

*It is the responsibility of the requesting party to ensure that those appearing remotely have the ability to connect in the manner requested.*

Case Type: \_\_\_\_ Traffic \_\_\_\_ Criminal \_\_\_\_ Civil

Petitioner/Plaintiff: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Defendant/Respondent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Remote Mechanism Requested: Telephonic \_\_\_\_ or Remote Virtual Hearing \_\_\_\_

Persons appearing remotely: More than two participants appearing remotely - Addendum attached

<input type="checkbox"/> Witness ____ <input type="checkbox"/> Other _____  Name _____  Address _____  <input type="checkbox"/> Address Confidential – DC-621 attached or on file Phone _____  Email _____	<input type="checkbox"/> Witness ____ <input type="checkbox"/> Other _____  Name _____  Address _____  <input type="checkbox"/> Address Confidential – DC-621 attached or on file Phone _____  Email _____
--	--

Reason for remote hearing request: \_\_\_\_\_

Are you a Respondent to a Show Cause or Capias: \_\_\_\_ Yes \_\_\_\_ No

Remote Evidence to be presented:  None  Documents  Pictures  Objects Other \_\_\_\_\_

Interpreter\*/Other Special Needs:  None  Yes – Explain \_\_\_\_\_

\*Interpreter Request must be submitted prior to court either by fax 434-972-4092, email [albemarlegd@vacourts.gov](mailto:albemarlegd@vacourts.gov) or by mail or in person Albemarle General District 350 Park Street, Charlottesville, VA 22902.

**Requesting Party Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information:** \_\_\_\_\_  
Phone Number Email Address

**Requesting Party Type:**

\_\_\_ Petitioner/Plaintiff \_\_\_ Defendant/Respondent \_\_\_ Attorney \_\_\_ Self-represented

## CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_, 20 \_\_\_\_, I (check one)  mailed  emailed  faxed a copy of this motion to:

Opposing Party Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

OR

There was not sufficient time to notify the opposing party or counsel of this remote hearing request because:

\_\_\_\_\_  
Respectfully submitted, \_\_\_\_\_ [Signature] \_\_\_\_\_, 20\_\_ [Date]

**Certified by:**

NAME OF PARTY OR ATTORNEY: \_\_\_\_\_

LAW FIRM NAME (IF APPLICABLE): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**COURT USE ONLY**

## ORDER

\_\_\_ Granted \_\_\_ Denied \_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

**Judge** \_\_\_\_\_ **Entered** \_\_\_\_\_

Requester notified on \_\_\_\_\_ by \_\_\_\_\_

Date

Clerk/Deputy Clerk

Virtual Hearing invite sent on \_\_\_\_\_ by \_\_\_\_\_