COURT VIDEO APPEARANCE REQUEST FORM

Accused Appearance

www.courts.ns.ca

NOTE: Video Appearance Requests are accepted by the Court **up to 3:30 p.m.** the prior business day. If the Video Equipment is not available, you will be contacted by the Court immediately.

Today's Date:_____ Case Numbers: _____

Name of Accused:_____ Date of Birth: _____

Location of Accused: ☐ CNSCF ☐ CBCF ☐ Dorchester ☐ ECFH

☐ NNSCF ☐ Nova Institute ☐ NSYF ☐ SNSCF ☐ Springhill Institution

☐ Other: _____

GENERAL INFORMATION:

Contact information of person requesting video appearance:

Name/Firm: _____

E-mail Address: _____

Telephone Number: _____

Alternate Contact Person and E-mail Address/Telephone Number:

_____

Scheduled Court Date/Time:_____ Court Room: _____

Purpose of Video Appearance: ☐ Arraignment ☐ Adjournment ☐ Change of Plea

☐ Election & Plea ☐ Sentence ☐ Other: _____

Requested Date for Video Appearance: _____

Estimated Length of Appearance: _____

For Court Use Only:

Actual Date: _____ Actual Start Time: _____

Actual End Time: _____ Total Video Appearance Time: _____