

COURT VIDEO APPEARANCE REQUEST FORM

Appearance of Witness

Crown Defence

NOTE: This form is for scheduling purposes and should only be used once a formal application has been approved by the Court for a witness to appear by video appearance. Today's Date: _____ Case Numbers: ____ Name of Accused: Date of Birth: Contact name and phone number to facilitate equipment testing: Facility IP/ISDN Address for connection: □ IP ☐ ISDN **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: Name of Witness: Date and time to start the Witness' evidence: Estimated Length of Appearance: Copy: Opposing Counsel **For Court Use Only:** Actual Date: Actual Start Time: Total Video Appearance Time: Actual End Time: