



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Telephone _____
Court Address

STATE OF MARYLAND Case No. _____
OR

Name vs. Name

Address Address

City, State, Zip City, State, Zip

MOTION FOR REMOTE PARTICIPATION

(Md. Rules 21-201; 21-301; 3-513.1)

NOTE: If you are requesting to appear remotely due to a disability, please also separately file form CC-DC-049.

- 1. The following proceeding is scheduled for _____ :
 Scheduling conference _____ Date
 Hearing (*describe*): _____
 Evidentiary hearing _____
 Pre-trial conference _____
 Trial _____
 Other (*describe*): _____

- 2. I ask that the following people be allowed to participate from a location other than the courtroom (*choose all that apply*):
 Plaintiff/Petitioner: _____
Name _____

Telephone Number _____ E-mail _____

Requested method of participation: Telephone Video Conferencing

Other (*describe*): _____

- Defendant/Respondent: _____
Name _____

Telephone Number _____ E-mail _____

(If applicable):

ID Number _____ Facility of Incarceration _____

Requested method of participation: Telephone Video Conferencing

Other (*describe*): _____

- Plaintiff/Petitioner's Attorney: _____
Name _____

Telephone Number _____ E-mail _____

Requested method of participation: Telephone Video Conferencing

Other (*describe*): _____

- Defendant/Respondent's Attorney: _____
Name _____

Telephone Number _____ E-mail _____

Requested method of participation: Telephone Video Conferencing

Other (*describe*): _____

Case No. _____

Witness: _____
Name

Telephone Number _____ E-mail _____

Requested method of participation: Telephone Video Conferencing

Other (*describe*): _____

Other: _____
Name

Telephone Number _____ E-mail _____

Requested method of participation: Telephone Video Conferencing

Other (*describe*): _____

3. I ask this for:

Confidential reasons, and I have filed form CC-DC-049.

Other reason(s) (please state your reason(s) in detail): _____

4. The attorney and client will be able to communicate confidentially by:

Complete only if the person appearing remotely is an attorney or a person represented by an attorney.

5. The person participating remotely will have access to documents, photographs and other items presented in the courtroom by:

6. A spoken or sign language interpreter (*choose one*):

is not required by the person appearing remotely.

is required by the person appearing remotely.

*For a spoken language interpreter, complete and file a Request for Spoken Language Interpreter (CC-DC-041).

*For a sign language interpreter, complete and file a Request for Accommodation for Person with Disability (CC-DC-049).

Date

Signature Attorney Number

Printed Name

Telephone Number

Address

Fax

City, State, Zip

E-mail

Case No. _____

CERTIFICATE OF SERVICE

I certify that I served a copy of this motion, upon the following party or parties by mailing first-class mail, postage prepaid hand delivery other _____, on _____ Date to:

Name

Address

City, State, Zip

Name

Address

City, State, Zip

Date

Signature of Party Serving