



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.

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

- 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 Reasonable Accommodation for Person with Disability (CC-DC-049).

Date Signature Attorney Number

Printed Name Telephone Number

Address Fax

City, State, Zip E-mail

CERTIFICATE OF SERVICE

I certify that the following party, parties, or attorney(s) was/were served with a copy of this Motion for Remote Participation as indicated:

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ hand delivery on _____
Date Date

service on registered user via MDEC system on the effective date of filing.

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ hand delivery on _____
Date Date

service on registered user via MDEC system on the effective date of filing.

Date Signature Attorney Number

For additional person(s) served, please attach completed form CC-DC-128 (Certificate of Service).