



COURT VIDEO APPEARANCE REQUEST FORM

Appearance of Counsel

Crown Defence

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: _____

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: _____

Purpose of Video Appearance: Arraignment Adjournment Change of Plea
 Election and 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: _____