

COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA
DOMESTIC RELATIONS SECTION
REQUEST FOR TELEPHONE CONFERENCE / HEARING

I hereby request that I be permitted to provide testimony by telephone for the hearing scheduled on the date set below.

I understand that I must be available at the telephone number that I provided **at the time scheduled for the hearing and for up to one (1) hour following the scheduled time.** I understand that if the Conference or Hearing Officer contacts me at this telephone number and I do not answer or am unavailable for any reason, that the hearing shall proceed without my testimony and that my opportunity to offer testimony will be lost. I also understand that if I am normally entitled to representation by the IV-D Attorney, that no representation will be provided if I elect to testify by telephone.

I understand that when I am called I will be given a telephone number for the assigned courtroom to which I must make a return telephone call. I understand that I must pay for the cost of this call and that the Court will not bear the costs associated with my telephone testimony except to contact me with the return call number at the commencement of the hearing. I also understand that if I believe I am indigent and unable to pay for the cost of this call, I must contact the Domestic Relations Section and complete and file with the Court a Petition to proceed In Forma Pauperis and ask the Court to bear the cost for my telephone testimony. If I choose to file an In Forma Pauperis petition, I must do so in sufficient time prior to the hearing so as not to delay the hearing date.

I understand that I must send all the necessary paperwork required by the Court into the office for the scheduled Conference or Hearing if I wish to participate by telephone.

I understand that this request must be made and received by the Court, either by mail or by fax, not later than five (5) days prior to the hearing date.

By signing below, I acknowledge that I have read and understand the requirements set forth above.

PRINT YOUR NAME HERE

SIGN YOUR NAME HERE

THE FOLLOWING INFORMATION **MUST** BE COMPLETED OR THIS FORM WILL NOT BE ACCEPTED.

Circle one: I am the PLAINTIFF DEFENDANT

The name of the **other** party: _____

Hearing date: _____

Docket Number: _____ PACSES Case ID : _____

Telephone number for hearing: (_____) _____

RETURN THIS FORM TO:
Domestic Relations Section
Court of Common Pleas
29 W Cherry Ave Ste 311
Washington PA 15301
FAX: 724-228-6899