



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____

City/County

Located at _____ Case No. _____

Court Address

STATE OF MARYLAND
OR

Name vs. Name

Address Address

City, State, Zip City, State, Zip

**MOTION FOR REMOTE PROCEEDING OR TO APPEAR REMOTELY
(Md. Rules 2-802; 2-803; 3-513.1)**

1. The following proceeding is scheduled for _____ :
Date

- Scheduling conference
- 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 Email

Requested method of participation: Telephone Video Conferencing

Other (Describe): _____

Defendant/Respondent: _____
Name

Telephone Number Email

(If applicable):

ID Number Facility of Incarceration

Requested method of participation: Telephone Video Conferencing

Other (Describe): _____

Plaintiff/Petitioner's Attorney: _____
Name

Telephone Number Email

Requested method of participation: Telephone Video Conferencing

Other (Describe): _____

Defendant/Respondent's Attorney: _____
Name

Telephone Number Email

Requested method of participation: Telephone Video Conferencing

Other (Describe): _____

Witness: _____
Name

Telephone Number _____ Email _____

Requested method of participation: Telephone Video Conferencing
 Other (Describe): _____

Other: _____
Name

Telephone Number _____ Email _____

Requested method of participation: Telephone Video Conferencing
 Other (Describe): _____

3. I ask this because:

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 appearing 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).

7. The remote appearance will not interfere with making a verbatim record of the hearing.

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 -----