

ATTORNEY VIDEO INTERVIEW REQUEST
FORM

2012

Today's Date _____

Counsel _____

Contact Number _____

E-Mail _____

CASE DETAILS

Inmate Name _____

Location _____

PP# _____

CP/MC# _____

Next Court Date _____

REQUESTED INFORMATION

Requested Date _____

Requested Time _____

Estimated Time Needed _____

Will an Interpreter be needed? _____

Language _____

Please return completed form via
Fax, email or in person to:

**Criminal Justice Center
Courtroom Operations, CP
Room 401
Fax - 215-683-7098
Phone - 215-683-7095
Email - Michael.Spaziano@courts.phila.gov**

****THIS MATTER IS SCHEDULED FOR AN ATTORNEY/CLIENT INTERVIEW WHICH WOULD NECESSITATE THE NEED FOR THE INMATE TO BE PLACED IN AN AREA WHERE HE/SHE WOULD BE ABLE TO COMMUNICATE CONFIDENTIALLY WITH HIS/HER ATTORNEY.**