

**STATE CUSTODY ATTORNEY VIDEO**  
**INTERVIEW REQUEST FORM**

2017

Today's Date: \_\_\_\_\_

Counsel: \_\_\_\_\_

Contact Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**CASE DETAILS**

Inmate Name: \_\_\_\_\_

Location: \_\_\_\_\_

State Institution # \_\_\_\_\_

CP/MC# \_\_\_\_\_

Next Hearing Type: \_\_\_\_\_

**REQUESTED INFORMATION**

Requested Date: \_\_\_\_\_

Requested Time: \_\_\_\_\_

Estimated Time Needed: \_\_\_\_\_

Will an Interpreter be needed? \_\_\_\_\_

Language: \_\_\_\_\_

*This form can be hand delivered, faxed or e-mailed to:*

**Justice Juanita Kidd Stout Center for Criminal Justice**  
**Courtroom Operations, CP**  
**Room 401**  
**Fax - 215-683-7098**  
**Phone - 215-683-7095**  
[video.conference@courts.phila.gov](mailto:video.conference@courts.phila.gov)

**Please call Michelle, Bobby, Gino or Michael if further assistance is required.**

**\*\*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.**