

STATE CUSTODY VIDEO GUILTY PLEA
REQUEST FORM

2012

Today's Date _____

Judge _____ **Rm.** _____

Counsel _____

Contact Number _____

E-Mail _____

CASE DETAILS

Inmate Name _____

Location _____

State Institution # _____

CP/MC# _____

REQUESTED INFORMATION

Requested Date _____

Requested Time _____

Estimated Time Needed _____

Will an Interpreter be needed? _____

Language _____

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