

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

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.**