

STATE CUSTODY VIDEO HEARING REQUEST FORM

Today's Date _____

Presiding Judge _____ **Video Room** _____

Defense Counsel _____ **Phone #** _____

Email _____

ADA Assigned _____ **Phone#** _____

Email _____

CASE DETAILS

Type of Hearing: **VOP**__ **PCRA**__ **SENTENCING**__ **PLEA**__ **OTHER**__

Inmate Name _____

Location _____

State Institution # _____

CP/MC# _____

Photo # _____

REQUESTED INFORMATION

Requested Date(s) _____

Requested Time _____

Estimated Time Needed _____

Will an Interpreter be needed? _____

Language _____

Justice Juanita Kidd Stout Center for Criminal Justice
Room 401
Courtroom Operations, CP
Fax - 215-683-7098
Phone - 215-683-7095