

COURT VIDEO APPEARANCE REQUEST FORM

Appearance of Witness

☐ Crown ☐ Defence

www.courts.ns.ca

NOTE : This form is for scheduling purposes and should only be used once a formal application has been approved by the Court for a witness to appear by video appearance.	
has been approved by the Coun	it for a withess to appear by video appearance.
Today's Date:	Case Numbers:
Name of Accused: Date of Birth:	
Contact name and phone number to facilitate	te equipment testing:
Facility IP/ISDN Address for connection:	er equipment testing.
\[\sum_{\text{m}} \]	
☐ ISDN	
GENERAL INFORMATION :	
Contact information of person requesting	g video appearance:
Name/Firm:	
Alternate Contact Person and E-	mail Address/Telephone Number:
Scheduled Court Date/Time:	Court Room:
Name of Witness:	
Date and time to start the Witness' evide	ence:
Estimated Length of Appearance:	
Conv. Onnosing Counsel	
Copy. Opposing Counsei	
For Court Use Only:	
Actual Date:	
Actual End Time:	Total Video Appearance Time: