



CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_

City/County

Located at \_\_\_\_\_ Case No. \_\_\_\_\_

Court Address

STATE OF MARYLAND  
OR

\_\_\_\_\_  
Name vs. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address \_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
City, State, Zip

**MOTION FOR REMOTE PROCEEDING OR TO APPEAR REMOTELY  
(Md. Rules 2-802; 2-803; 3-513.1)**

1. The following proceeding is scheduled for \_\_\_\_\_ :  
Date

- Scheduling conference
- Hearing (Describe): \_\_\_\_\_
- Evidentiary hearing
- Pre-trial conference
- Trial
- Other (Describe): \_\_\_\_\_

2. I ask that the following people be allowed to participate from a location other than the courtroom  
(Choose all that apply):

Plaintiff/Petitioner: \_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Requested method of participation:  Telephone  Video Conferencing

Other (Describe): \_\_\_\_\_

Defendant/Respondent: \_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

(If applicable):

\_\_\_\_\_  
ID Number \_\_\_\_\_ Facility of Incarceration \_\_\_\_\_

Requested method of participation:  Telephone  Video Conferencing

Other (Describe): \_\_\_\_\_

Plaintiff/Petitioner's Attorney: \_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Requested method of participation:  Telephone  Video Conferencing

Other (Describe): \_\_\_\_\_

Defendant/Respondent's Attorney: \_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Requested method of participation:  Telephone  Video Conferencing

Other (Describe): \_\_\_\_\_

Case No. \_\_\_\_\_

Witness: \_\_\_\_\_  
Name

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Requested method of participation:  Telephone  Video Conferencing  
 Other (Describe): \_\_\_\_\_

Other: \_\_\_\_\_  
Name

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Requested method of participation:  Telephone  Video Conferencing  
 Other (Describe): \_\_\_\_\_

3. I ask this because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.  The attorney and client will be able to communicate confidentially by:  
\_\_\_\_\_  
Complete only if the person appearing remotely is an attorney or a person represented by an attorney.

5. The person appearing remotely will have access to documents, photographs and other items presented in the courtroom by:  
\_\_\_\_\_  
\_\_\_\_\_

6. A spoken or sign language interpreter (Choose one):  
 is not required by the person appearing remotely.  
 is required by the person appearing remotely.  
\*For a spoken language interpreter, complete and file a Request for Spoken Language Interpreter (CC-DC-041).  
\*For a sign language interpreter, complete and file a Request for Accommodation for Person with Disability (CC-DC-049).

7. The remote appearance will not interfere with making a verbatim record of the hearing.

\_\_\_\_\_  
Date Signature CPF ID No.  
\_\_\_\_\_  
Printed Name Telephone Number  
\_\_\_\_\_  
Address Fax  
\_\_\_\_\_  
City, State, Zip E-mail

Case No. \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this motion, upon the following party or parties by  mailing first-class mail, postage prepaid  hand delivery  other \_\_\_\_\_, on \_\_\_\_\_ Date \_\_\_\_\_ to:

----- Name ----- Address -----

----- City, State, Zip -----

----- Name ----- Address -----

----- City, State, Zip -----

----- Date ----- Signature of Party Serving -----