



STATE OF MARYLAND  
OR

☐ **CIRCUIT COURT** ☐ **DISTRICT COURT OF MARYLAND FOR** \_\_\_\_\_  
City/County

Located at \_\_\_\_\_ Telephone \_\_\_\_\_  
Court Address

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

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip

VS.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip

### MOTION FOR REMOTE PARTICIPATION

(Md. Rules 21-201; 21-301; 3-513.1)

**NOTE: If you are requesting to appear remotely due to a disability, please also separately file form CC-DC-049.**

1. The following proceeding is scheduled for \_\_\_\_\_ :  
☐ Scheduling conference \_\_\_\_\_ Date \_\_\_\_\_  
☐ 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 \_\_\_\_\_ E-mail \_\_\_\_\_

Requested method of participation: ☐ Telephone ☐ Video Conferencing  
☐ Other (*describe*): \_\_\_\_\_

☐ Defendant/Respondent: \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

(*If applicable*):  
ID Number \_\_\_\_\_ Facility of Incarceration \_\_\_\_\_

Requested method of participation: ☐ Telephone ☐ Video Conferencing  
☐ Other (*describe*): \_\_\_\_\_

☐ Plaintiff/Petitioner's Attorney: \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Requested method of participation: ☐ Telephone ☐ Video Conferencing  
☐ Other (*describe*): \_\_\_\_\_

☐ Defendant/Respondent's Attorney: \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Requested method of participation: ☐ Telephone ☐ Video Conferencing  
☐ Other (*describe*): \_\_\_\_\_

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

☐ Witness: \_\_\_\_\_  
Name

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Requested method of participation: ☐ Telephone ☐ Video Conferencing

☐ Other (*describe*): \_\_\_\_\_

☐ Other: \_\_\_\_\_  
Name

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Requested method of participation: ☐ Telephone ☐ Video Conferencing

☐ Other (*describe*): \_\_\_\_\_

3. I ask this for:

☐ Confidential reasons, and I have filed form CC-DC-049.

☐ Other reason(s) (please state your reason(s) in detail): \_\_\_\_\_

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 participating 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 Reasonable Accommodation for Person with Disability (CC-DC-049).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Attorney Number

\_\_\_\_\_  
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 \_\_\_\_\_ to:

_____	_____
Name	Address
_____	_____
	City, State, Zip
_____	_____
Name	Address
_____	_____
	City, State, Zip
_____	_____
Date	Signature of Party Serving