



STATE OF MARYLAND
OR

☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Telephone _____
Court Address

Case No. _____

Name

VS.

Name

Address

Address

City, State, Zip

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 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:
Date

Name

Address

City, State, Zip

Name

Address

City, State, Zip

Date

Signature of Party Serving