

**CAMBRIDGE MUNICIPAL COURT  
Cambridge, Ohio**

**REQUEST FOR REMOTE APPEARANCE**

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date/Time of Proceeding: \_\_\_\_\_

Nature of Proceeding: (Trial, Motion Hearing, Bond Hearing, etc.)

\_\_\_\_\_

Remote Participant Name: \_\_\_\_\_

Remote Participant Email Address: \_\_\_\_\_

Party (Defendant, Defense Attorney, Defense Witness, State Witness, etc.):

\_\_\_\_\_

Specify reason for remote appearance:

\_\_\_\_\_

**This request must be made at least 48 hours prior to the proceeding and will be reviewed by the Judge/Magistrate presiding over the case to determine eligibility for remote appearance. A remote appearance request must be made for each hearing and/or participant wishing to appear remotely. Upon approval or denial of a remote appearance request, the court will provide an appropriate response to the applicant.**

**FOR COURT USE ONLY**

Applicant's request is hereby    APPROVED     DENIED

Reason for denial if applicable:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Judge/Magistrate**