

**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: _____

Remote Participant Contact Number: _____

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