

VIDEO CONFERENCE REQUEST FORM

Superior Court of California County of Merced



Hearing Information

Date:		Time:		Location:	
Case#:		Case name:			

Requestors Contact

Name	
Street Address	
City, State, ZIP	
Work Phone	
Cell Phone	
E-Mail Address	

Technical Contact

Name			
Street Address			
City, State ZIP			
Work Phone			
Cell Phone			
E-Mail Address			
Availability for Testing	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Special Considerations

Summarize any circumstances you feel may impact the ability to conduct a successful test

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Agreement and Signature

By submitting this form, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this form may result in the forfeit of my deposit.

Name (printed) _____

Signature _____

Date _____

Functionality (for Court use only)

The test was conducted on _____ with the following results:

___ Successful ___ Unsuccessful