



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

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

STATE OF MARYLAND Case No. \_\_\_\_\_  
OR

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

**MOTION FOR REMOTE PROCEEDING OR TO APPEAR REMOTELY**

**(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.**

- The following proceeding is scheduled for \_\_\_\_\_ :  
 Scheduling conference \_\_\_\_\_ Date  
 Hearing (*describe*): \_\_\_\_\_  
 Evidentiary hearing \_\_\_\_\_  
 Pre-trial conference \_\_\_\_\_  
 Trial \_\_\_\_\_  
 Other (*describe*): \_\_\_\_\_

- 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):*

Requested method of participation:  Telephone  Video Conferencing  
ID Number \_\_\_\_\_ Facility of Incarceration \_\_\_\_\_

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*): \_\_\_\_\_

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 (please state your reason 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 appearing 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).

7. The remote appearance will not interfere with making a verbatim record of the hearing.

_____	_____	_____
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 \_\_\_\_\_ Date to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Party Serving