

STATE OF MICHIGAN 35 th JUDICIAL CIRCUIT SHIAWASSEE COUNTY	REQUEST TO APPEAR REMOTELY	CASE NO. AND JUDGE
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Court Address: 208 N. Shiawassee St., Corunna, MI 48817

Court Telephone No.: (989) 743-2239

Plaintiff name, address, and telephone no.	V	Defendant name, address, and telephone no.
Plaintiff attorney name, bar number, address, and telephone no.		Defendant attorney name, bar number, address, and telephone no.

NOTICE: This request must be submitted no later than three days prior to the date of your appearance before the court.

REQUEST

1. A motion hearing trial other: _____ is scheduled in this matter on
Type of hearing

Date

2. I, _____, am a party attorney witness in the matter and request
Name of person making request
 to appear remotely via video, using Zoom technology.

3. State the reason you are requesting to appear remotely: _____

4. The court can deliver the determination to me via email at _____
 telephone at _____

Date

Signature of person making request

DETERMINATION

5. The request to appear by video telephone is approved denied.

6. Reason for denial: _____

Date

Judge/Magistrate