

**PHILADELPHIA COUNTY ATTORNEY VIDEO**  
**INTERVIEW REQUEST FORM**

**2015**

Today's Date\_\_\_\_\_

Counsel\_\_\_\_\_

Contact Number\_\_\_\_\_

E-Mail\_\_\_\_\_

**CASE DETAILS**

Inmate Name\_\_\_\_\_

Location\_\_\_\_\_

PP#\_\_\_\_\_

CP/MC#\_\_\_\_\_

Next Court Date\_\_\_\_\_

**REQUESTED INFORMATION**

Requested Date\_\_\_\_\_

Requested Time\_\_\_\_\_

Estimated Time Needed\_\_\_\_\_

Will an Interpreter be needed? \_\_\_\_\_

Language\_\_\_\_\_

*This form can be hand delivered, faxed or e-mailed to:*

Justice Juanita Kidd Stout Center for Criminal Justice  
Courtroom Operations, CP  
Room 401  
Fax 215-683-7098  
Phone 215-683-7095  
[video.conference@courts.phila.gov](mailto:video.conference@courts.phila.gov)

Please call Michelle, Bobby, Gino or Michael if further assistance is required.

***\*\*THIS MATTER IS SCHEDULED FOR AN ATTORNEY/CLIENT INTERVIEW WHICH WOULD NECESSITATE THE NEED FOR THE INMATE TO BE PLACED IN AN AREA WHERE HE/SHE WOULD BE ABLE TO COMMUNICATE CONFIDENTIALLY WITH HIS/HER ATTORNEY.***