

**STATE CUSTODY ATTORNEY VIDEO INTERVIEW  
REQUEST FORM**

**2015**

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

Counsel \_\_\_\_\_

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

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

**CASE DETAILS**

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

Location \_\_\_\_\_

State Institution # \_\_\_\_\_

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.***