



# VIRTUAL/TELEPHONIC HEARING REQUEST

Date: \_\_\_\_\_

_____	_____	_____	
Name	DOC number	Facility	
_____	_____		
Court	Cause/case number		
_____	_____		
Court contact	Phone/email		
_____	_____	_____	_____
Presiding Judge	Date of hearing	Time of hearing Pacific Standard Time	Estimated length

***The completed form must be received by the facility at least 7 days prior to the scheduled hearing date. Meeting links are required at the time of the form submission.***

**First on Docket:** Please ensure that the Department of Corrections (DOC) hearing is first on the docket. If the hearing does not begin within 30 minutes of the scheduled start time, DOC will disconnect and the hearing must be rescheduled.

**Appearance type:**  Video  Telephone

Meeting link: \_\_\_\_\_

Meeting ID: \_\_\_\_\_ Passcode: \_\_\_\_\_

**Type of court action (check application requested):**

- Arraignment  
Do you request the Department submit fingerprints for the new charge on behalf of the county jail?  
 No  Yes If yes, provide the court Originating Agency Identification (ORI) number: \_\_\_\_\_
- Civil rights
- Witness testimony (felony criminal cases only)
- Trial: Estimated number of days for trial - \_\_\_\_\_  
*For trials lasting longer than one day, the facility liaison will reach out to you to provide options.*
- Sentencing/resentencing hearing  
Do you request the Department complete slap prints on the sentencing document?  No  Yes  
If yes, provide the document before the hearing.
- Department of Children, Youth, and Families (DCYF)/equivalent from other state
  - Child dependency/termination proceedings
  - Emergency shelter hearing (7-day notice not required)
  - Family Team Decision Making (FTDM) meeting
- Division of Child Support (DCS) modification/equivalent from other state
- State v. Blake
- Child or Adult Protective Services
- Quash warrant
- Board of Industrial Insurance Appeals (BIIA)
- Legal name changes
- Divorce proceedings
- No contact/restraining orders
- Other (detailed information required): \_\_\_\_\_

Provide a brief summary of the anticipated court action (e.g., immediate release, remand to county):

**Additional requests:**

- Department notary requested
- Other – Explain:

**COMPLETED BY FACILITY LEGAL LIAISON OFFICER/DESIGNEE**

Employee/title assigned to facilitate \_\_\_\_\_

Location \_\_\_\_\_

Confirmation of date and time: \_\_\_\_\_

By: \_\_\_\_\_

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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