



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	_____ Estimated length

Appearance type: Video Telephone

Meeting link: _____

Meeting ID: _____ Passcode: _____

Type of court action:

- 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: _____
- Witness testimony (felony criminal cases only)
- Trial: Estimated number of days for trial - _____
- 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)/Division of Child Support (DCS)
 - Child dependency/termination hearing
 - Emergency shelter hearing
 - Court-ordered support modification hearing
- State v. Blake
- Other: _____

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

Additional considerations:

- Provide the Department with court documents before the hearing
- Department notary requested
- Department first on docket

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.

Distribution: **ORIGINAL** - Legal Liaison Officer/designee **COPY** - Case manager