

Court Videoconference Request Form

(book videoconferences with specific court location(s))

Today's Date:
Court File #:
Originating Registry:

Counsel **must complete** and submit this form at least 5 business days prior to the proposed videoconferencing date for sites within BC and at least 21 days if outside the registry's regular hours. Counsel is responsible for booking private sites, notifying other parties and will exchange all relevant documents with the remote location(s).

Provincial Court Process

For Provincial Court matters return this form to the Court Registry.

Supreme Court Process

For Supreme Court matters, with one or more parties appearing by videoconference / MS Teams, return this form to the Registry (Court of Record). For a list of Supreme Court Registries that accept this form by email refer to <https://www2.gov.bc.ca/gov/content/justice/courthouse-services/documents-forms-records/videoconferencing-equipment> for details.

Appearance Information

Scheduled court date: _____
(mmm/dd/yyyy)

Type of proceeding: _____
(civil trial, witness testimony, case management conference, remand etc...)

Requested date: _____
(mmm/dd/yyyy)

Style of proceeding: _____

Estimated start time _____

Level of court: Provincial Supreme

Estimated end time _____

Indicate any additional dates/times that videoconferencing equipment and/or a Microsoft Teams appearance link will be required for this appearance (Example: July 12 from 2pm to 4:00 pm; July 14 from 10am to 12:30 pm; July 19 from 10am to 4:00 pm)

Has a Judge approved or ordered the use of videoconference equipment ? Yes No _____
(name of Judge)

Note: If you selected No, you must acquire formal approval before proceeding.

Non-Court Sites/Court Sites Outside of BC

If you or other participants will be using non-court sites or court sites outside of BC, please provide the following information.

Has the site been booked? Yes No If yes, through whom has it been booked: _____

Details of site (including address):

Contact person: _____

Videoconferencing dial-in number: _____

Email address: _____

Phone number: _____

Fax number: _____

Part 1 – General Information

Firm name and name of Counsel/Registry requesting videoconference:

Name: _____ Company/Branch: _____

Contact

Information

Address: _____ City: _____ Postal Code: _____

Phone: _____ Fax: _____ Email (if available): _____

Signature

(print full name)

Part 2 - Participants

Note: If there are participants for this appearance attending in-person at multiple courthouses that require videoconferencing equipment, please submit this form to all registries listed.

Court of Record: _____ Court location hearing virtual appearance: _____

Participants Name and email address	Appearance method Videoconference or MS Teams	Location If appearing by videoconference	Notes