 The Family Court of the State of Delaware

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

**REQUEST TO PARTICIPATE REMOTELY**

 *Petitioner v. Respondent/Defendant*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & Telephone# |  | Name & Telephone# |  | File Number |
|       |  |        |  |  |
|  Attorney Name & Telephone# |  |  Attorney Name & Telephone# |  |       |
|        |  |         |  |  |
|  |  |  |  |  |
| *2nd Petitioner (if any)* |  |  *2nd Respondent/Defendant (if any)* |  | Case Number |
| Name & Telephone# |  | Name & Telephone# |  |  |
|       |  |        |  |       |
|  Attorney Name & Telephone# |  | Attorney Name & Telephone#  |  |  |
|         |  |         |  |  |

|  |  |
| --- | --- |
| Date/Time scheduled: |       |
| My address is: |       |
| My email address is: |       | My Phone # is: |       |
| [ ]  I am a party/an attorney | [ ]  I am a witness | (Check One) |

**Absent extenuating circumstances, this request must be filed fourteen (14) days before the hearing date.**

Although my hearing requires an in-person appearance per the Court Notice I received,

|  |  |
| --- | --- |
| [ ]  | I am requesting to participate remotely. |
|  |  |
| [ ]  | I am requesting that my witness,  |       | , be permitted to participate remotely. |
|  | Name of Witness |  |
| Explain why circumstances require remote participation: |
|  |       |
|  |       |
|  |       |
|  |       |

**If you are a party, you must fill out the following unless you have an active Protection From Abuse (PFA) order or are filing this request in a PFA case.**

I have contacted the opposing counsel or, if unrepresented, the opposing party regarding this request to appear remotely and the following is his or her position:

|  |
| --- |
|       |
|       |
|  |

|  |  |
| --- | --- |
| SWORN TO AND SUBSCRIBED before me this date, |       |
|  |
|  |  |       |
|  |  | Movant/Attorney Print Name |
|       |  |       |
| Clerk of Court/ Notary Public |  | Movant/Attorney |

The request is hereby [ ]  GRANTED [ ]  DENIED and the parties have been notified.

|  |
| --- |
|  Notes: |
|       |
|       |
|       |

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Date |  | Judge/Commissioner |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| cc:  | [ ]  Petitioner |  [ ]  Petitioner’s Atty |  [ ]  Def/Respondent |  | [ ]  Resp. Atty/Def. Atty/PD [ ]  ODS | [ ]  DOJ |
|   | [ ]  DCSS | [ ]  DFS | [ ]  Other: |       | [ ]  Other: |       |

## **AFFIDAVIT OF MAILING**

|  |
| --- |
| I, the Movant, affirm that a true and correct copy of this Request was placed in the U.S. Mail on this date |
|       | , and sent to the other party or attorney at the address listed on the petition/complaint, |
| being |       | , first class postage pre-paid. |
|  |

|  |  |  |
| --- | --- | --- |
| SWORN TO AND SUBSCRIBED before me this date, |       |  |
|  |  |  |
|       |  |       |
| Clerk of Court/ Notary Public |  | Movant/Attorney |