**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

Pacific Standard Time

***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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