

Superior Court of the District of Columbia 500 Indiana Avenue, NW, Washington, D.C. 20001 (202) 879-1010 | www.dccourts.gov

Case Caption:		Case Number:	
		Division or Office:	
		Judge:	
	МО	OTION TO APPEAR REMOTELY	
Name of Person Filing Motion	_is reques	sting to appear remotely for the in-person hearing scheduled	
on	_ at	AM/PM in courtroom	for the
		Time	
following reason(s):			
		Party / Attorney/Other Court Participant Name (Please	Print):
Date:			
	_	Address:	
		Signature:	
		Email Address:	
		Telephone No.: Attorney Bar No).:

CERTIFICATE OF SERVICE

☐ I hereby certify this	, that a copy of this motion was served by:
Date	
\Box hand-delivery \Box e-service \Box mail on the other pa	rties or court participants in this case or their attorneys
listed below:	
Name	Name
Email Address	Email Address
Phone Number	Phone Number
Physical Address	Physical Address
SIGNATURE AND ADDRESS OF FILING PA	ARTY/OTHER COURT PARTICIPANT/ATTORNEY
Date	Signature
Printed Name	Bar Number
Email Address	Phone Number
Physical Address	