



## EDNC Request for Videoconference

**ALL FIELDS REQUIRED**

When complete, email to the case manager.

Signed order for VTC?

Yes

No

Case Name

Court Date & Time

Judge

Court Location

Requestor Contact

Name

Phone

Email

Agency

Attorney name

Defendant Location

Remote Contact

**ALL FIELDS REQUIRED**

Name

Phone

Email

Notes:

When complete, email to the case manager.