

Telephone Testimony Request

Name: _____

PACSES Case ID: _____

Date and time of conference/hearing: _____

I cannot attend the conference/hearing and request to participate by telephone for the following reason(s): _____

I understand that if the Court approves my request to participate in the conference/hearing by telephone, I will provide all documentation to Domestic Relations **prior** to the date of the conference/hearing. I also understand that this is an important legal proceeding and I will set aside the necessary time to be available to participate without interruption. I agree to pay any telephone charges associated with this call.

I can be reached at this telephone number at the time of the conference/hearing:

Signature: _____

_____ Date

Return completed form to: Lancaster Co. Domestic Relations
150 N. Queen St., Suite 220
P.O. Box 83479
Lancaster, PA 17608-3479
Fax: 717-295-3513