

(11/04)

REQUEST TO USE VIDEO TELECONFERENCING SYSTEM

1. **Date:** _____
2. **Request by:** _____
Firm Name/e-mail: _____
Phone: _____
3. Request for:
1st Choice: Date _____ Time _____ Est. Conference Length: _____
2nd Choice: Date _____ Time _____ Est. Conference Length: _____
4. **Video conference participants (check all that apply):**
CCA _____ Tucson _____ Yuma _____
5. **Name of Defendant:** _____
6. **USM/Register No:** _____

***REQUESTS MUST BE MADE AT LEAST FIVE WORKING DAYS IN ADVANCE.
MINIMUM 24-HOUR CANCELLATION NOTICE REQUIRED. RESERVATIONS
SUBJECT TO CHANGE BASED ON THE COURT'S SCHEDULE***

E-mail requests to: Sally_Arvizu@azd.uscourts.gov or fax to 602-322-7179

CONFIRMATION:

Date: _____
Requestor: _____ Re: _____
Scheduled for: _____ Time: _____ By: _____
At: _____