

**ELECTRONIC TESTIMONY APPLICATION,
WAIVER OF PERSONAL APPEARANCE AND ORDER**

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF _____

.....

-against-

Petitioner,

DOCKET NO. _____

Respondent

**NOTICE: If you are requesting permission to testify by telephone or by audio-visual or other electronic means, this form must be submitted to the Court at [specify address and fax number of Court]:
not less than [check box]: three days other period specified by the court [specify]: _____ before the hearing.**

APPLICANT'S NAME: _____
ADDRESS: _____

APPLICANT'S TELEPHONE: (Home): () ___ - _____
(Work): () ___ - _____
FACSIMILE (Fax): () ___ - _____
E-MAIL: _____

1. On _____, I [check applicable box]:
 filed the above-captioned petition in the (Family)(Other [specify]: _____) Court, _____
County, State of (New York)(Other [specify]: _____). The hearing is scheduled to take place on
[specify date]: _____.
 received a [check applicable box]: summons subpoena to appear in Family Court, _____
County, State of New York on [specify date]: _____.

2. I request that I be permitted to testify or to give my deposition by [check applicable box]:
 telephone audio-visual means other electronic means (specify): _____.

3. I am making this request for the following reason(s) [check one or more box(es)]:
 [Non-New York State Residents Only]: I reside in [specify state or jurisdiction]: _____
and am making this request for the following reason(s) [specify]: _____

 I reside in _____ County, New York . This county is not the county where the Family Court
is located and is not contiguous to (next to) that county.¹
 I am presently incarcerated at [specify facility]: _____ I will be
incarcerated on the date on which the hearing or deposition is scheduled and I am not expected to be
released until [specify approximate expected date of release]: _____.
 It would be an undue hardship for me to testify or to be deposed at the Family Court where the case is
scheduled to be heard for the following reason(s) [specify]: _____

4. I understand that prior to my application being granted, it is my responsibility to attempt to arrange with the
Support Enforcement Agency in my County or the Court responsible for support enforcement in my County
to assist in scheduling my testimony or deposition with the Court. I request that I be permitted to testify or
be deposed from the following location [check applicable box and include all information]:

¹ For purposes of this application, the five counties (boroughs) of New York City are treated as one county.

- The Support Enforcement Agency in my County [specify the name, address and telephone number, including area code]: _____
- The Court in my County [specify the name, address and telephone number, including area code]: _____
- My attorney's office [specify the name, address and telephone number, including area code]: _____
- Other location [specify name, address and telephone number, including area code]: _____
I am requesting this location because [state reason]: _____

5. I understand that I must confirm final arrangements for testifying by electronic means with this Court by calling the telephone number provided on the order below. I further understand that the Court will send me written confirmation of the decision regarding my application, time permitting.

6. I understand that I have the right to legal counsel to discuss this matter. By this application, I am submitting to the jurisdiction of this Court and I am consenting to the hearing and determination of this matter by this Court without my personal appearance.

7. I understand that I have the right to be present at any and all appearances, including any hearing scheduled by the Court. I understand that if I fail to appear on any of the scheduled dates, either in person or by telephone, audio-visual means or other electronic means approved by this Court, this Court may hear the matter in my absence or may issue a **WARRANT** for my arrest. If I am the Petitioner, I understand that if I fail to appear, either in person or by telephone, audio-visual means or other electronic means approved by this Court, the Court may **DISMISS** my petition.

8. **I understand that I must forward to the Court, prior to my scheduled appearance, the completed financial documentation as requested in the attached summons.**

Dated: _____.

 Respondent Petitioner Witness

Sworn to before me this _____ day of _____, _____.

(Deputy) Clerk of the Court
Notary Public

ORDER DETERMINING ELECTRONIC TESTIMONY APPLICATION
TO BE FILLED OUT BY FAMILY COURT :

- Please be advised that your Electronic Testimony Application is:
- Granted.** Please be prepared to present your testimony on (date): _____ at (time): _____ as follows:
 - Please telephone the Court at this number:** (____) _____;
 - Please be available to receive a call from the Court at telephone number listed in Paragraph 4, above.**
 - Denied** for the reasons indicated below:

If denied, you must **personally appear** at this Court on the scheduled date and time for the hearing.

- Check applicable box:
- Order mailed on [specify date(s) and to whom mailed]: _____
 - Order received in court on [specify date(s) and to whom given]: _____