



5. 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 physical presence.

6. 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]: \_\_\_\_\_.

7. My circumstances are [check  one box and fill in the corresponding information in the spaces provided]:

I do not reside in New York State. I reside in [specify State]: \_\_\_\_\_.

I reside in New York State, but do not reside in Nassau, Suffolk, or New York City.  
I reside in [specify County]: \_\_\_\_\_.

I am presently incarcerated at: \_\_\_\_\_.

The first three choices do not apply, but 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.

8. I am requesting electronic testimony for the following reason(s) [specify]:

9. I understand that prior to my application being granted, it is my responsibility to arrange a location for my testimony with the court and the location must have FAX capability.

[Check  one box and fill in the corresponding information in the spaces provided]:

I request that I be permitted to testify or be deposed from the Support Enforcement Agency in my county [specify]:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Landline Telephone # (cellphones are not permitted): \_\_\_\_\_.

I request that I be permitted to testify or be deposed from the court in my county [specify]:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Landline Telephone # (cellphones are not permitted): \_\_\_\_\_.

I request that I be permitted to testify or be deposed from my attorney's office [specify]:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Landline Telephone # (cellphones are not permitted): \_\_\_\_\_.

I request that I be permitted to testify or be deposed from the following location [specify]:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Landline Telephone # (cellphones are not permitted): \_\_\_\_\_.

I am requesting this location because [state reason]:

- 10. I understand that if this application is received by the court at least three (3) days in advance of the first appearance on the pending petition, I will be permitted to testify by telephone, audio-visual or other electronic means on that first appearance, unless I am notified otherwise. On the first appearance, the Support Magistrate will determine if I may testify by electronic means for future appearances. I understand that I must be available at the number provided in section 9 during court hours, which are 9:00 a.m. to 5:00 p.m. eastern time and I must call (516) 493-3900 at 9:00 a.m. to confirm that day's appearance and for each subsequent court appearance for which my appearance by electronic means is granted.
- 11. 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 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 or other electronic means approved by this court, the court may DISMISS my petition.
- 12. **I understand that I must forward to the court by mail, the completed financial documentation as requested in the summons I received, so the documentation arrives in court at least five (5) days prior to my scheduled appearance. I understand that I must not FAX financial documentation to the court unless specifically directed by the Support Magistrate.**

WHEREFORE, for the reasons stated above, I respectfully request that this application be granted.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[sign name]

\_\_\_\_\_  
[print name]