



[check applicable box]:

" 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 the Court by calling telephone number \_\_\_\_\_. 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 that the Court hear and determine this matter 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

**TO BE FILLED OUT BY FAMILY COURT :**

Please be advised that your Electronic Testimony Application is:

**G Granted.** Please telephone the Court on (date) \_\_\_\_\_ (time) \_\_\_\_\_ at this number (\_\_\_\_) \_\_\_\_\_; and be prepared to present your testimony.

**G Denied** for the reasons indicated below:

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