

Telephone Testimony Request

Your Name: _____

Other party name: _____

DR Docket Number: _____ PACSES Case ID: _____

Date of conference/hearing: _____ Time: _____ am/pm
(Requests must be received at least 3 business days before the conference/hearing)

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

Live outside of Lancaster County

PFA issued in _____ County (Docket Number: _____)

Other reason (explain below):

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 conference/hearing.

I understand that this is an important legal proceeding and I will set aside the necessary time to be available to participate in the conference/hearing without interruption.

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