## Videoconference Request Form

Agency/Department requesting videoconference:	
Date the following inmate(s) be made available fo	

Inmate Name	Inmate #	Time	Approx. Length	Reason	FAX	FAX
		Start	of Conference	Code	Yes	No
					•	
Contact Person (PRINT): Contact Person Fax:						
Contact Person Work Phone:		Agency County/Region:				

## Note:

- \* Operational times 8:00 AM to 4:00 PM, Monday through Friday.
- \* Video conferences should commence no later than 1 hour prior to closing time whenever possible.

Contact Person Cell Phone: \_\_\_\_\_ Today's Date:\_\_\_\_

Contact Person E-Mail: \_\_\_\_\_\_ Signature:\_\_\_\_\_

- \* Indicate FAX Yes/No if you will be faxing document to inmate on the day of videoconference.
- \* Specify county, region or municipality for agencies with more than one office or site.
- \* All requests must be faxed to appropriate Institution and coordinator <u>at least 48 hours</u> (excluding weekends and holidays) prior to requested day.
- \* No agency or Department will receive priority in scheduling appointments.

## Reason Code

- 1. Plea Conference
- 2. Pre-Trial Interview
- 3. Pre- Sentence Interview
- 4. Pending Charges Interview
- 5. Appeal Interview
- 6. Post Conviction Relief Interview
- 7. Post Conviction Sentence Motion Interview
- 8. Witness Interview
- 9. 5-A Interview
- 10. ISP Interview (AOC)
- 11. ISP Interview Public Defender
- 12. Parole Hearing
- 13. U.S. District Court Hearing

- 14. Municipal Court Hearing
- 15. Family Court Hearing
- 16. Superior Court Hearing
- 17. NJDOC Disciplinary Hearing
- 18. NJDOC Ombudsman Interview
- 19. NJDOC Internal Affairs Interview
- 20. Prosecutor's Office Interview
- 21. Immigration/Extradition Hearing
- 22. Tele-Medicine
- 23. Social Security Administration
- 24. Drug Court / Drug Program
- 25. Client/Attorney Interview
- 26. Other Interview (Specify)

