

Trial Technology Form

Your Name: _____ Phone #: _____ Email: _____
Case #: _____ Trial Date: _____ # Trial Days: _____
Judge Name: _____

Please select all that apply:

I will have one or more remote witnesses. List names and approximate date/time. _____
_____.

I plan to show an audio and/or video recording. Approximate date/time? _____.

I plan to show photos or documents in a digital format. Approximate date/time? _____.

I plan to bring in a staff member or contractor to assist with technology. If yes, name and contact information for this person. _____

I will be using a laptop or similar device to present information. If yes, does your laptop have an HDMI or VGA connection? If it does not you will need an adapter to connect to court provided equipment.

I would like to schedule a time to come and test the technology I will use.

I would like to schedule a time to test the Zoom connection for a remote witness.

Please give a brief description of the technology you plan to use during the trial and list any concerns or questions you have. _____

IT IS RECOMMENDED THAT ALL PARTIES PLANNING TO USE
TECHNOLOGY INCLUDING REMOTE WITNESSES TEST THE TECHNOLOGY IN THE
COURTROOM PRIOR TO THE TRIAL.