

Remote Hearing Cover Sheet

Effective immediately, all filings must be accompanied with a Remote Hearing Cover Letter.

Please fill out the following information to ensure all necessary parties are contacted for your hearing. **This sheet must be completed in its entirety for your filing to be processed.**

Case Number(s) _____

Criminal
 Civil

Complainant/Petitioner's Name (Last, First)
 Cell Phone Landline

Defendant/Respondent's Name (Last, First)
 Cell Phone Landline

Phone Number (Include area code)

Phone Number (Include area code)

Email Address

Email Address

Please list any other party(ies) **REQUIRED** to appear (i.e. GAL/Probation Officer/DCSE/County Attorney, Parents...etc)

Name (Last, First)
 Cell Phone Landline

Name (Last, First)
 Cell Phone Landline

Name (Last, First)
 Cell Phone Landline

Phone Number

Phone Number

Phone Number

Email Address

Email Address

Email Address

Will any witnesses be needed for this hearing? If yes, please complete the DC-325 REQUEST FOR WITNESS SUBPOENA. You **MUST** include phone number and email address for each person listed.

Interpreter Needed? ____ Yes ____ No. Language: _____

****Attorneys Only**** Incarcerated Defendants

Will your Client's appearance be needed? ____ Yes ____ Waived

Submit to: JDRDC-Filings@fairfaxcounty.gov or Fairfax County JDR, 4110 Chain Bridge Rd, Room 304, Fairfax, VA 22030