



**REQUEST FORM TO CONDUCT VIDEOCONFERENCING HEARING (VCH)**

<b>I. INFORMATION</b>			
Name of Requesting Party:			
Nationality:			
Email Address:		Contact Number:	
Status:	<input type="checkbox"/> I am Party to the case <input type="checkbox"/> Counsel for: _____		
<i>Please fill information below if the Requesting Party is not the Counsel for the litigant/witness.</i>			
Name of Counsel:			
Email Address:		Contact Number:	
<b>II. CASE AND TRIAL INFORMATION</b>			
Nature of Case	<input type="checkbox"/> Civil Case <input type="checkbox"/> Special Proceeding	<input type="checkbox"/> Other: _____	
Case Title:		Case No.:	
Court Venue:			
Trial Court Contact Person:			
Email Address:		Contact Number:	
<b>III. PROPOSED VIDEOCONFERENCING HEARING DATE AND TIME</b>			
<i>Note: Videoconferencing hearings may only be conducted Tuesdays to Fridays, 8:30AM to 4:30 PM, Lisbon time, in accordance with Embassy operations, except special and public holidays)</i>			
Proposed Date of VCH:		Time (in Lisbon):	
<b>IV. PARTICIPANTS TO THE VIDEOCONFERENCING HEARING INFORMATION</b>			
<i>Note: Only those named in the Trial Court's Order may participate in the VCH at the Embassy.</i>			
Name:	Nationality:	Email Address and Contact Number:	
Portuguese – English Interpreter / Translator	<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested		
<b>IV. Other Requests, if any:</b> _____			
<input type="checkbox"/> I confirm that the witness will be giving his/her testimony voluntarily and that I have coordinated with him/her/them prior to the scheduled hearing to ensure his/her attendance. The witness shall likewise informed that he/she/they will be bringing the court-required technical requirements, such as the devices to be used and internet connectivity, to the Embassy. <input type="checkbox"/> I hereby undertake to pay the prescribed fees by the Department of Foreign Affairs (DFA) before the conduct of the proposed videoconferencing hearing. My failure to pay such fees shall result in the forfeiture of the schedule requested. I also undertake to inform all parties concerned of the security, safety and health protocols required by the Embassy in the conduct of the videoconferencing hearing. <input type="checkbox"/> I acknowledge that by completing and submitting this form, I hereby give my consent to the DFA to collect, process, and store all data for the purpose of assessing and providing VCH services and in accordance with the requirements of Republic Act No. 10173 or the Data Privacy Act 2012.			
<b>NAME &amp; SIGNATURE OF THE REQUESTING PARTY:</b>			<b>DATE:</b>