

IN THE DISTRICT COURT OF THE STATE OF WASHINGTON
FOR WAHIAKUM COUNTY

_____,)
Plaintiff/Petitioner,) Case No. _____
vs.))
_____) **REQUEST TO APPEAR REMOTELY** 
Defendant/Respondent.)
_____)

Party requesting to appear remotely: _____
Hearing Date: _____
Phone Number: _____ Email: _____
Nature of Hearing: _____
Reason for Remote Appearance Request: _____

Submit your request to District Court for approval: DistrictCourt@co.wahkiakum.wa.us

If approved, the non-refundable fee for these arrangements and the cost of the call is **\$25.00 per party and must be paid to District Court by noon on the day before to the hearing.** District Court accepts credit/debit cards.

****The fee to appear remotely is waived for all petitioners appearing on civil protection orders for which fees are not charged, indigent persons (proof of indigency required), and attorneys representing them.**

Please Note: Those participating remotely do not receive priority, so it will sometimes be necessary to wait for the entire calendar — just as though you were in the courtroom waiting for the case to be called.

DATED: _____ By: _____
Signature

Printed Name

Court Administration	
Approved by: _____	Date: _____
Clerk	
Payment Received By: _____	Amount: _____

WAHIAKUM DISTRICT COURT
64 Main Street, Cathlamet, WA 98612

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