

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA**  
**ARBITRATION REMOTE APPEARANCE REQUEST FORM**

Consistent with recent Pennsylvania Supreme Court Administrative Orders and Pa.R.C.P. 1930.3, individual Judges may agree to allow testimony to be conducted remotely, using telephone and/or video conferencing. A request for remote participation should be made at least one week prior to the scheduled proceeding to permit the presiding Judge to consider the request.

**The opposing side, if any, must be copied into any such request.**  
**Please send request forms to [arbitrationrequests@chesco.org](mailto:arbitrationrequests@chesco.org) or fax it to 610-344-6127.**  
**If your request is granted, you will be contacted by the court with instructions.**

**CAPTION AND CASE NUMBER:** \_\_\_\_\_

\_\_\_\_\_  
ID: \_\_\_\_\_  
Attorney for Plaintiff /Self Represented Plaintiff

\_\_\_\_\_  
ID: \_\_\_\_\_  
Attorney for Defendant/Self Represented Defendant

\_\_\_\_\_  
Phone Number(s) and Email Address(es)

\_\_\_\_\_  
Phone Number(s) and Email Address(es)

This request pertains to:

**An Arbitration Hearing scheduled for** \_\_\_\_\_

Person(s) for whom remote participation is requested: \_\_\_\_\_.

**Provide a full explanation as to the reason for the request:**

\_\_\_\_\_  
\_\_\_\_\_

Submitted by:

\_\_\_\_\_  
Signature

Date submitted: \_\_\_\_\_

\_\_\_\_\_  
Printed name

Counsel for \_\_\_\_\_ or self-represented party

**I certify that I have copied the opposing counsel or self-represented party with this submission at the following email address:** \_\_\_\_\_ **on (date)** \_\_\_\_\_

**DISPOSITION OF REQUEST**

The application for remote appearance is: \_\_\_\_\_ GRANTED or DENIED \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge