

IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA  
DOMESTIC RELATIONS SECTION

\_\_\_\_\_, )  
Plaintiff ) Case No.  
 )  
v. ) PACSES No.  
 )  
\_\_\_\_\_, )  
Defendant )

**Telephone Or Zoom Participation Request**

With the approval of the Court, upon good cause shown, a party or witness may appear and/or testify at a proceeding before a Judge/Hearing Officer by telephone or Zoom. A completed version of this Telephone Or Zoom Participation Request must be submitted to the Judge/Hearing Officer by submitting it to the Lehigh County Domestic Relations Section by mail or in person: 455 West Hamilton Street, Room 320, Allentown, PA 18101; by email: [cslehigh@pacses.com](mailto:cslehigh@pacses.com); or by fax: 610.782.3725. The Request must be submitted seven (7) days prior to the scheduled proceeding with all financial and medical insurance information as listed on your Order to Appear. If you fail to submit the required information/documentation, this request may be denied. Hearings/Conferences require being available for the entire morning (9AM-12PM) or afternoon (1PM-4PM) Eastern Standard Time. Applicant is responsible for the costs of telephone/Zoom participation.

**PART ONE:** *All of Part One must be completed by the party making the request.*

Proceeding Date: \_\_\_\_\_ Time: \_\_\_\_\_ Type: \_\_\_\_\_

Judge: \_\_\_\_\_ Hearing Officer: \_\_\_\_\_

Requested by: \_\_\_\_\_ Request for:  Telephone  Zoom

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
Requesting Party: Signature      Requesting Party: Printed Name      Date      Representing

Telephone: \_\_\_\_\_ Fax No./Email: \_\_\_\_\_

**PART TWO:** *The party making the request must have Part Two completed by the opposing party/attorney.*

Request is  Unopposed       Opposed for the following reason(s):

\_\_\_\_\_  
Opposing Party: Signature      Opposing Party: Printed Name      Date      Representing

Telephone: \_\_\_\_\_ Fax No./Email: \_\_\_\_\_

**PART THREE: COURT USE ONLY – Do not write below this line**

\_\_\_\_ Approved      \_\_\_\_\_ Denied  
\_\_\_\_ Conditionally Approved (Applicant must provide: \_\_\_ Financial Information \_\_\_ Medical Documentation \_\_\_ Other)

Judge/Hearing Officer/DRS Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACTION COMMUNICATED TO REQUESTOR:

Employee: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Method: \_\_\_\_\_