



ORPHANS' COURT FOR HOWARD COUNTY, MARYLAND

Estate Name:

Estate No.:

MOTION FOR REMOTE PROCEEDING OR TO APPEAR REMOTELY (Md. Rules 2-802; 2-803; 6-416)

- 1. I request the Court apply Rules 2-802 and/or 2-803 as may apply in this proceeding before the Orphans' Court for Howard County.
2. The following proceeding is scheduled for ... Date
3. I ask that the following people be allowed to participate from a location other than the courtroom (Choose all that apply):
- Personal Representative/Special Administrator/Guardian: ... Name, Telephone Number, Email
- Interested Person: ... Name, Telephone Number, Email
- Attorney for the Personal Representative/Special Administrator/Guardian: ... Name, Telephone Number, Email
- Attorney for the Interested Person: ... Name, Telephone Number, Email

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Witness: .....  
Name

Telephone Number ..... Email .....  
Requested method of participation:  Telephone  Video Conferencing  
 Other (Describe): .....

Other: .....  
Name

Telephone Number ..... Email .....  
Requested method of participation:  Telephone  Video Conferencing  
 Other (Describe): .....

4. I ask this because:  
.....  
.....  
.....

5.  The attorney and client will be able to communicate confidentially by:  
.....  
Complete only if the person appearing remotely is an attorney or a person represented by an attorney.

6. The person appearing remotely will have access to documents, photographs and other items presented in the courtroom by:  
.....  
.....

7. A spoken or sign language interpreter (Choose one):  
 is not required by the person appearing remotely.  
 is required by the person appearing remotely.  
\*For a spoken language interpreter, complete and file a Request for Spoken Language Interpreter (CC-DC-041).  
\*For a sign language interpreter, complete and file a Request for Accommodation for Person with Disability (CC-DC-049).

8. The remote appearance will not interfere with making a verbatim record of the hearing.

..... Date ..... Signature ..... Attorney Number .....  
..... Printed Name ..... Telephone Number .....  
..... Address ..... Fax .....  
..... City, State, Zip ..... E-mail .....

Estate No. ....

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this motion, upon the following party or parties by  mailing first-class mail, postage prepaid  hand delivery  other ..... , on ..... Date to:

-----  
Name

-----  
Address

-----  
City, State, Zip

-----  
Name

-----  
Address

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City, State, Zip

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Date

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Signature of Party Serving