

Court file no: _____

Request to Use Testimonial Aids

I, _____, have been called to testify in
(Name of Victim)

court in the above matter on _____ at _____ in _____,
(Date) (Time) (Location)

and hereby request the use of the following testimonial aid for my appearance:

- Witness screens set up in the courtroom;
- Video link from another room in the courthouse;
- Video link from another location outside the courthouse: (provide address, description of location (e.g. "my house") and the reason why you cannot go to the courthouse)

Support Person: (provide details including the person's name, contact information and relationship to you)

Other: (provide details)

I understand that the judge will consider my request but that it may not be granted, and that my preferred option may not be available.

Dated this ____ day of _____ 20____, at _____.

Signature of Victim

Phone number for questions about your request

For more information on asking for testimonial aids or how to fill out this form, please contact:

Supervisor, Court Clerks
The Law Courts
2134 Second Ave.
Whitehorse, YT
Y1A 5H6

Phone: 867-667-3429
Toll-free: 1-800-661-0408 ext. 3429
Fax: 867-393-6212