

Videoconferencing Program Request

The _____ (Agency/Unit) requests that the following inmate(s) be made available for a videoconference on _____ (Date).

Inmate Name	Inmate #	Time Start	Approx. Length of Conference	Reason Code	FAX Yes	FAX No

Contact Person: _____ Agency: _____
 Contact Phone: _____ Date: _____
 Signature: _____

Note:

- * Operational times 8:00 AM to 4:00 PM, Monday through Friday.
- * Video conferences should commence no later than 1 hour prior to closing time whenever possible.
- * Indicate FAX Yes/No if you will be faxing document to inmate on the day of videoconference.
- * Specify county, region or municipality for agencies with more than one office or site.
- * All requests must be faxed to appropriate Institution and coordinator **at least 48 hours** (excluding weekends and holidays) prior to requested day.
- * **No agency or Department** will receive priority in scheduling appointments.

Reason Code

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| <ol style="list-style-type: none"> 1. Plea Conference 2. Pre-Trial Interview 3. Pre- Sentence Interview 4. Pending Charges Interview 5. Appeal Interview 6. Post Conviction Relief Interview 7. Post Conviction Sentence Motion Interview 8. Witness Interview 9. 5-A Interview 10. ISP Interview (AOC) 11. ISP Interview Public Defender 12. Parole Hearing 13. U.S. District Court Hearing | <ol style="list-style-type: none"> 14. Municipal Court Hearing 15. Family Court Hearing 16. Superior Court Hearing 17. NJDOC Disciplinary Hearing 18. NJDOC Ombudsman Interview 19. NJDOC Internal Affairs Interview 20. Prosecutor's Office Interview 21. Immigration/Extradition Hearing 22. Tele-Medicine 23. Social Security Administration 24. Drug Court / Drug Program 25. Client/Attorney Interview 26. Other Interview (Specify) |
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