

Name
Insert company name
Insert company address

Form: VTC-002

VIDEO TELECONFERENCING PRODUCTION FORM

DATE: **Insert date form is prepared**

TO: Custody Management, NYCDOC

FROM: **Insert name**

SUBJECT: SKYPE VIDEO TELECONFERENCING APPEARANCE ON ___ **Insert date of requested production** _____

TIME	INDIVIDUAL'S LAST NAME	INDIVIDUAL'S FIRST NAME	NYSID	BOOK & CASE #	PRODUCTION TYPE	MISC (Name of any additional person(s) on call)	FACILITY & RESERVED BOOTH #

Please call and / or email **insert name of contact** with any questions or concerns **insert phone # & email address**

Disclaimer:

1. This is a free service provided by the NYS Office of Court Administration and the NYC Department of Correction.
2. You must meet the minimum requirements for a best effort audio and video quality.
3. Due the latency of the internet audio and video quality may be inconsistent.
4. This service is not guaranteed to work to your satisfaction.
5. All requests are subject to approval and acceptance by the NYS Office of Court Administration and the NYC Department of Correction. Department of Correction.
6. This service is being provided for official court and court-related business only