Form UCCJEA-7 (Electronic Testimony Application and Waiver of Physical Presence— UCCJEA) 9/2008

FAMILY COURT OF THE COUNTY OF		9/2008
In the Matter of a Proceedin □ Custody □ Visitation or □ Enforcement □ Modificat of an Order of □ Custody Under the Uniform Child Cu and Enforcement Act [Dome	tion □ Registration □ Visitation	
	Petitioner,	
-against-	ELECTRONI	Docket No. C TESTIMONY APPLICATION, PHYSICAL PRESENCE– UCCJEA
	Respondent	
fax number of Court]:	n must be submitted IMMEDIATELY (APPLICANT'S TEL (Wor	
	E 3.4.4	IIL:
☐ filed the above-ca Courscheduled to ☐ received [check against appear in Family Court,	E-MA, I [check applicable box]: aptioned petition in the (Family)(Other [sp nty,	pecify]:) Court,
Name(s) of Child(re		Address ²
		Addicss

Specify if address, telephone or other identifying information has been ordered to be kept confidential pursuant to New York State Domestic Relations Law §§76-h(5), 254 or Family Court Act §154-b. If your health or safety or that of your child or children would be put at risk by disclosure of your address or other identifying information, you may apply for an address confidentiality order by submitting General Form GF-21. This form is available online at www.nycourts.gov.

² See note 1.

2. I request that I be permitted to testify or to give my deposition by [check applicable box]: ☐ telephone ☐ audio-visual means ☐ other electronic means [specify]:
3. I reside in [specify state or jurisdiction]: ³ and am making this request for the following reason(s) [specify]:
4. I understand that prior to my application being granted, it is my responsibility to arrange a location for my testimony or deposition by telephone, audio-visual or other electronic means. I request that I be permitted to testify or be deposed at the following location [check applicable box]: The Court in the jurisdiction of my residence [specify the name, address and telephone number, including area code, of the Court]:
☐ My attorney's office [specify the name, address and telephone number, including area code]:
Other location [specify name. address and telephone number, including area code]:I am requesting this location because [state reason]:
5. I understand that I must confirm final arrangements for testifying by electronic means with this Court by calling the Court at the number that will be provided to me. I also understand that the Court will send me a written Order telling me whether this application has been granted or denied and what number I should call to confirm. Please transmit this order by [check box]: \square e-mail \square facsimile as indicated on the first page of this form.
6. I understand that I have the right to discuss this matter with legal counsel. By this application, I am consenting to the hearing by this Court without my physical presence.
7. I understand that I have the right to be present at any and all appearances, including any hearing scheduled by the Court. If I am the Respondent, I understand that if I fail to appear on any of the scheduled dates, either in person or by telephone, audio-visual means or other electronic means approved by this Court, this Court may hear the matter in my absence or may issue a WARRANT for my arrest. If I am the Petitioner, I understand that if I fail to appear, either in person or by telephone, audio-visual means or other electronic means approved by this Court, the Court may DISMISS my petition.
WHEREFORE, I respectfully request that this application be granted.
Dated:
☐ Respondent ☐ Petitioner ☐ Witness

³ See footnote #1.