



## REQUEST FORM TO CONDUCT VIDEOCONFERENCING HEARING (VCH)

### I. Information

1. Name of Requesting Person			
2. Email address		3. Contact Number	
4. Status	<input type="checkbox"/> I am Party to the case <input type="checkbox"/> Counsel for: _____		
<b>Please fill below nos. 5-7 if the Requesting Person is not the Counsel for the litigant / witness</b>			
5. Name of Counsel			
6. Email address of Counsel			
7. Contact Number			

### II. Case and Trial Court Information

8. Nature of Case	<input type="checkbox"/> Civil Case <input type="checkbox"/> Special Proceeding <input type="checkbox"/> Other: _____		
9. Case Title		10. Case No.	
11. Court Venue			
12. Trial Court Contact Person			
13. Email Address		14. Contact Number	

### II. Proposed Videoconferencing Hearing Date and Time

*(Note: Videoconferencing hearings may only be conducted Mondays to Fridays, 9:00 A.M. to 5:00 P.M. Netherlands time, in accordance with Embassy operations, except special and public holidays)*

15. Proposed Date of VCH		16. Time (in CET Time Zone)	
--------------------------	--	-----------------------------	--

### III. Participants to the Videoconferencing Hearing Information

*(Note: Only those named in the Trial Court's Order may participate in the VCH at the Embassy).*

17. Name	Email Address	Mobile Number
18. Dutch – English interpreter / translator	<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested	

### IV. Other Requests, if any: \_\_\_\_\_

- I hereby undertake to pay the prescribed fees by the Department of Foreign Affairs (DFA) before the conduct of the proposed videoconferencing hearing. My failure to pay such fees shall result in the forfeiture of the schedule requested. I also undertake to inform all parties concerned of the security, safety and health protocols required by the Embassy in the conduct of the videoconferencing hearing.
- I acknowledge that by completing and submitting this form, I hereby give my consent to the DFA to collect, process, and store all data for the purpose of assessing and providing VCH services and in accordance with the requirements of Republic Act No. 10173 or the Data Privacy Act 2012.

\_\_\_\_\_  
 NAME & SIGNATURE OF THE REQUESTING PARTY

\_\_\_\_\_  
 DATE