

Name:

Date:

dd-mmm

## **Nunavut Court of Justice**

## REQUEST FOR TECHNOLOGY PLEASE FORWARD COMPLETED REQUEST TO:

NOTE: preferably by email

or by fax if all else fails to: (867) 975-6168

Use above button to send this completed form by email

This is your generated FILE #. Please use this for future correspondence

Approval # Name of Accused: Court File# /(Police file# if required): Location of Hearing: Requesting Counsel: Phone #: Email: Courtroom/ Mediation room?: Date Required: dd-mmm-yyyy format Start Time: AM enter HHMM no colon PM Total Time Required: Opposing counsel: Be accurate: example: type: audio? video? DVD? USB? etc. Also provide filename extension and please provide the courts with appropriate "player" if a non-standard format well in advance. **PLEASE SPECIFY:** Is this technology to be used IN the COURTROOM? or Other ROOM? Other notes Type of Equipment. DVD Player? Other Audio Player? Video Player? USB. Format of program you wish to play If you have not specified above please specify which room you need this equipment or other technology. Approval

[form updated Feb., 2020]