Request for Use of Closed-Circuit Equipment

Request closed-circuit equipment by completing this form and submitting by email:

Virginia Department of State Police Bureau of Criminal Investigation High Tech Crimes Division P.O. Box 27472 Richmond, Virginia 23261-7472 Email: cctv@vsp.virginia.gov Phone: (804) 674-2669

Person Requesting Equipment

Name	Title_	
Address		
Phone	Fax	
Signature (required)		
Case Information		
Locality/Jurisdiction Name of Case: State vs		ate of Offense
Has a Motion been filed to use closed-cir	cuit testimony?	Has it been approved?
🗆 Yes 🗆 No		□ Yes* □ No
Date (please attach a c	copy of the motion)	*VSP must receive a copy of the signed order prior to installation
Type of court hearing (check all that app	y)	
Preliminary Hearing Date/Time)	
Jury Trial Date /Time		_
Bench Trial Date /Time		
Civil Child Protection Date /Tir	ne	
Installation Information (Note: Installa	tion of equipment tak	tes approximately 2 hours.)
Location of the Courthouse		
When will court room be available for ins	tallation?	
Local contact person regarding schedulir	ng and installation	n of equipment
Name	Ager	лсу

frect questions about this service, cancellations, or rescheduling requests to: Email: cctv@vsp.virginia.gov Phone: (804) 674-2669