
Plaintiff
VS

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA
DOMESTIC RELATIONS OFFICE

Defendant

Docket #: _____

Pacses #: _____

APPLICATION FOR TELEPHONE CONFERENCE/HEARING

____ This is a request for a telephone conference:

Date: _____ Time: _____

____ This is a request for a telephone hearing:

Date: _____ Time: _____

Reason(s) for request for telephone conference/hearing:

Telephone number, including area code, where I can be contacted on the day of the
conference/hearing: _____

Is this number confidential? Yes / No

I understand by making this request, I will:

- 1) be responsible for the costs of the telephone conference/hearing
- 2) be available at the telephone number provided on the day of the conference/hearing
(Hearings require being available for the entire AM or PM). If I am not available, the
conference/hearing will proceed in my absence.
- 3) provide all required financial and medical insurance information as detailed in the order of
court and send the information along with this request form no later than 10 days prior
to the conference/hearing. (Without this information, your request may be denied).

Defendant / Plaintiff signature

Date

DOMESTIC RELATIONS SECTION USE ONLY

Request for telephone conference: **GRANTED / DENIED**

Establishment Unit Manager /For the Court

Request for telephone hearing: **GRANTED / DENIED**

Hearing Officer/ For the Court

