



MINISTRY OF JUSTICE

JAMAICA

REQUEST FOR VIDEOLINK SETUP FORM
EVIDENCE (SPECIAL MEASURES) ACT 2012

COURT RECEIVING VIDEOLINK

Contact Information	
Court Name	
Court Room No.	
Name (Contact person)	
Office Number	
Mobile Number	
Email Address	
Date for Videolink	
Time of Videolink	
Estimated Duration (Days)	
Comment	

Codec Information	
Make	Polycom
Model	RealPresence Group 300
Communication Protocol	IP

REMOTE LOCATION

Contact Information	
Country/Location	
Name (Contact person)	
Office Number	
Mobile Number	
Email Address	
Comment	

Codec Information	
Make	
Model	
Communication Protocol Example: IP ISDN	
Comment	

Note: Contact Information from remote location must be that of the person responsible for coordinating the Videolink connection