

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF JOSEPHINE

Case No: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner

v.

**MOTION AND DECLARATION IN  
SUPPORT OF MOTION TO ALLOW  
REMOTE TESTIMONY ORS 45.400**

\_\_\_\_\_  
Defendant/Respondent

I am the  Plaintiff/Petitioner  Defendant/Respondent in the above action. I move the court for an order to allow remote testimony of:

Myself

My witness: \_\_\_\_\_  
Name

This matter is set for:

Non-Jury Trial on (Date) \_\_\_\_\_

Hearing: (Type of Hearing) \_\_\_\_\_

On (Date) \_\_\_\_\_

Further request is made that the above person be allowed to testify remotely at the above-mentioned trial/hearing by:

Video through Cisco WebEx; or

Telephone/audio only. Please set forth facts why you/the witness is unable to appear by video through Cisco WebEx: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to ORS 45.400 I am making this request:

at least 30 days prior to the trial/hearing date.

**OR**

less than 30 days prior to the trial/hearing date. I request the court grant this motion even though it is less than 30 days prior to the trial/hearing for the following reason(s):

---

---

---

---

---

(  Additional sheet attached entitled "Attachment #1")

**DECLARATION IN SUPPORT**

1. I am a party in the above action.
2. This request is for remote testimony at a non-jury trial or hearing.
3. I/my witness cannot appear in person for testimony because:
  - a.  Due to age, medical condition, or a mental or physical illness.

Briefly explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b.  The witness whose remote testimony is sought, has not been served by process despite reasonable efforts to do so. Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c.  It would be an undue hardship to appear in person because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. A perpetuation deposition under ORCP 39 I, or another alternative, would not provide a more practical means of presenting the testimony because: **(Required to respond to this section.)**

---

---

---

e.  I request the court find good cause that  I  my witness be allowed to testify remotely at the above mentioned trial/hearing for the following reason(s):

---

---

---

---

---

(  Additional sheet attached entitled "Attachment #2")

4.  I /  my witness have adequate internet bandwidth, a video camera, and is familiar with Cisco WebEx to such a degree that remote appearance will not result in delay or cause disruption for the duration of the court proceeding.

5. I have contacted the other parties to this case, and their respective positions on this motion are as follows:

- Petitioner/Plaintiff (Name)\_\_\_\_\_  objects  does not object
- Respondent/Defendant (Name)\_\_\_\_\_  objects  does not object
- Other party (Name)\_\_\_\_\_  objects  does not object
- Other party (Name)\_\_\_\_\_  objects  does not object

**I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.**

Date: \_\_\_\_\_

<input type="checkbox"/> Plaintiff/Petitioner	Signature	Print Name
<input type="checkbox"/> Defendant/Respondent		

Contact Address	City, State, Zip Code	Contact Phone
-----------------	-----------------------	---------------

**Certificate of Mailing**

I certify that on (Date): \_\_\_\_\_ I  delivered or  placed in the United States mail a true and complete copy of this Motion and Declaration in Support of Motion to Allow Remote Testimony ORS 45.400 to the following individual(s) at the following address(es):

---

---

---

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (typed or printed)

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF JOSEPHINE

Case No: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner

v.

**ORDER ON MOTION TO ALLOW  
REMOTE TESTIMONY ORS 45.400**

\_\_\_\_\_  
Defendant/Respondent

Petitioner's/Plaintiff's

Respondent's/Defendant's

Motion to Allow Remote Testimony permitting (Name) \_\_\_\_\_

to testify remotely on (Date) \_\_\_\_\_

via  video through Cisco WebEx or  telephone, is hereby:

**GRANTED. Contact the court immediately to provide an email address for the court to send WebEx information.**

DENIED

Use of remote live testimony would result in prejudice to the non-moving party and that prejudice outweighs the good cause for allowing the remote location testimony.

Other:

**Certificate of Readiness  
(UTCR 5.100)**

I certify that on (Date): \_\_\_\_\_ I  delivered or  placed in the United States mail a true and complete copy of this proposed Order on Motion to Allow Remote Testimony ORS 45.400 to the following individual(s) at the following address(es):

---

---

---

I certify this proposed order is ready for judicial signature because (*check all that apply*):

1.  Service is not required under UTCR 5.100 (1)(c) because the other party has been found in **default** or an order of default is being requested with this proposed order; because this order is submitted **ex parte** as allowed by statute or rule; or this order is being submitted in **open court** with all parties present.
2.  Each opposing party affected by this order has stipulated to the order, as shown by each opposing party's signature on the document being submitted.
3.  Each opposing party affected by this order has approved the order, as shown by signature on the document being submitted or by written confirmation of approval sent to me.
4.  I have served a copy of this order on all parties entitled to service and:
  - No objection has been served on me.
  - I received objections that I could not resolve with the opposing party despite reasonable efforts to do so. I have filed a copy of the objections I received and indicated which objections remain unresolved.
  - After conferring about objections, \_\_\_\_\_, agreed to independently file any remaining objection.
5.  Service is not required pursuant to subsection (3) of this rule, or by statute, rule, or otherwise.

Date:

- Plaintiff/Petitioner  
 Defendant/Respondent

Signature

Print Name

Contact Address

City, State, Zip Code

Contact Phone