



# TERRITORIAL COURT

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## NORTHWEST TERRITORIES

### SECTION 714.1 TELE/VIDEO CONFERENCE TEST FORM

Name of Accused:		TC File No.	
Name of Applicant: (Defence or Crown lawyer or coordinator)			
E-mail / Contact of Applicant:			
Anticipated date and location of s.714.1 Application:			
Anticipated date and location of Trial:			
Name of Witness to testify by video:			
Location and description of equipment or device to be used for test & testimony (ie Courthouse / RCMP detachment / witness's home or office with personal device, description of equipment)			
Name of Person who will establish video connection for test and for trial: (i.e., witness, name of facility coordinator, RCMP video conferencing team)			
E-Mail and Cell # of Person:			
Has this location & equipment been tested with NWT Courts previously?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last test:	
<b><u>Test Results</u></b>			
Date and Time of Test:		Facilitated by:	
Quality of Video:			
Quality of Audio:		Are headphones recommended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of room from where witness will testify and adjustments needed (e.g., close door, remove distraction, etc.):			
Signature of Applicant:		Date:	

October 28, 2024