

*Court of Common Pleas of Cambria County*

**Domestic Relations Section**

499 Manor Drive, PO Box 398, Ebensburg, PA 15931

[www.cambriacountypa.gov/domestic-relations.aspx](http://www.cambriacountypa.gov/domestic-relations.aspx)

Phone: 814-472-5433

Fax: 814-472-4771

**Instructions for the Application for a Telephone Conference/Hearing**

1. Obtain an "Application for a Telephone Conference/Hearing" form from the Domestic Relations Section:
  - a. Online at [www.cambriacountypa.gov/domestic-relations.aspx](http://www.cambriacountypa.gov/domestic-relations.aspx)
  - b. Request that one be sent to you in the mail by calling (814)472-5433 (Ebensburg office) or (814)536-8911 (Johnstown office)
  - c. In person at our main office in Ebensburg or satellite office in Johnstown
2. Complete the form and return it to the Domestic Relations office at the main, Ebensburg, office at least ten (10) days before the scheduled event. All financial and medical information required, as detailed in the order of court, must be submitted at this time as well. Failure to provide this information may cause your request to be denied.
3. Be specific as to the reason for the request to appear by telephone. A telephone number at which you can be contacted at the time of the hearing must be provided. Failure to provide a telephone number may cause your request to be denied.
4. If you are incarcerated, it is YOUR responsibility to be available at the time of the hearing. The hearing will not be delayed for more than 15 minutes if you are not available at the scheduled time.
5. Once your request is reviewed and a decision is made, the outcome will be mailed to you regarding approval or denial.
6. The conference/hearing officer will call the number provided at the time of the event. If you are not available at the number provided, the conference will proceed without you and a default order may be entered in your absence or your complaint/petition will be dismissed for the lack of prosecution.

***PLEASE NOTE:** All conferences are held at Eastern Standard Time. Please remember to adjust the time accordingly if participating in a time zone other than Eastern Standard Time.*

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**Domestic Relations Section**

Application for a Telephone Conference/Hearing

PACSES Case Number: \_\_\_\_\_

Plaintiff Name: \_\_\_\_\_

Defendant Name: \_\_\_\_\_

Requestor:     Plaintiff         Defendant

This is a request to appear at a conference/hearing by telephone for the event on:

\_\_\_\_\_ at \_\_\_\_\_  AM  PM.

The reason for this request is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number to be contacted on the date of the event (include area code):

\_\_\_\_\_

By making this request, I understand that:

1. I must be available at the telephone number provided on the day of the event at the time of the event. If I am not available at the time listed above, the event will proceed in my absence. All conferences are held at Eastern Standard Time.
2. I will provide all financial and medical information as detailed in the order of court and send the information, along with this request form no later than ten (10) days prior to the event. Without, providing this information, you request may be denied.

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

**\*\*\*TO BE COMPLETED BY DOMESTIC RELATIONS ONLY\*\*\***

Request for telephone conference:

GRANTED

DENIED

\_\_\_\_\_  
Conference/Hearing Officer Signature

\_\_\_\_\_  
Date