



FORM CCTV-1

Nunavut Court of Justice

CLOSED CIRCUIT TELEVISION

submit by email

This is your generated File#. Please use this for future correspondence.

*Name of Accused:	
*Court File Number:	
*Location of Hearing:	
*Requesting Counsel:	
*Counsel Email :	* Phone#
*Assistant for Counsel (if creating this form):	
*Assistant's Email:	* Phone#:

*Court Date of CCTV: dd-mmm-yyyy Time Zone:
*Start Time: **HHMM NO colon** *Total Time Required:

*Has Court ordered CCTV as per Section 486.2: YES NO

*If NO, a Pretrial **WILL** be required*

*Note: Arrangements for CCTV **Will Not** be finalized without an order from a judge as per Section 486.2*

*How many Witnesses UNDER 18?

*How many Witnesses OVER 18?

Enter all details (Names, Ages of all Witnesses) in "Requests and Details" box below

*Will DVD Media be used? *Please enter description needed in details box below* YES NO

*Will other technology be needed? *Please explain in details box below* YES NO

*Has opposing counsel been notified? YES NO

*If over 18, has Opposing Counsel given written permission? YES NO

*Opposing Counsel Name:

*Opposing Counsel Phone# *Email:

Special Requests and Details

Please submit this form at least 10 days before CCTV date to allow for appropriate arrangements

CCTV Requests must be brought within reasonable times and MAY impact trial dates

Revised Feb 2020