



ATN - Application for Deposition

**REPUBLIC OF THE PHILIPPINES**

**PHILIPPINE EMBASSY IN SEOUL, SOUTH KOREA**

80 Hoenamu-ro, Yongsan-gu, Seoul 04346; Tel.: (02) 788-2100/788-2101 Ext. 123

Email: [consular@philembassy-seoul.com](mailto:consular@philembassy-seoul.com) Website: [www.seoulpe.dfa.gov.ph](http://www.seoulpe.dfa.gov.ph), [www.philembassy-seoul.com](http://www.philembassy-seoul.com)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE.

**REQUEST FORM FOR THE TAKING OF DEPOSITION  
BEFORE PHILIPPINE CONSULAR OFFICERS**

**NOTE:** Please ensure that before filling out this form, the applicant/s has/have observed all prerequisites under the Department of Foreign Affairs Guidelines in Taking of Depositions Before Philippine Consular Officers and Supreme Court of the Philippines-Office of the Court Administrator's

[OCA Circular No. 209-2017 dated 11 October 2017.](#)

<b>I. REQUESTING PERSON AND/OR COUNSEL'S INFORMATION</b>	
<b>NAME</b>	
<b>EMAIL</b>	
<b>MOBILE NUMBER</b>	
<b>STATUS</b>	[ <input type="checkbox"/> ] PARTY TO THE CASE [ <input type="checkbox"/> ] COUNSEL FOR
<b>COUNSEL'S NAME</b>	
<b>COUNSEL'S EMAIL</b>	
<b>COUNSEL'S MOBILE NUMBER</b>	

<b>II. CASE AND TRIAL COURT INFORMATION</b>	
<b>CASE TITLE</b>	
<b>CASE NUMBER</b>	
<b>TRIAL COURT ADDRESS</b>	
<b>TRIAL COURT CONTACT DETAILS (EMAIL/MOBILE NO.)</b>	

<b>III. PARTICIPANT/S TO THE DEPOSITION-TAKING</b> (NOTE: ONLY THOSE NAMED IN THE COURT ORDER MAY PARTICIPATE IN THE DEPOSITION-TAKING).		
<b>NAME</b>	<b>EMAIL</b>	<b>MOBILE NUMBER</b>

<b>PROPOSED DATE AND TIME OF DEPOSITION (KOREA TIME)</b>

*(Note: Deposition may only be conducted Mondays to Thursdays, 9:00 A.M. to 6:00 P.M., in accordance with Embassy operations.)*

I hereby confirm that I am requesting the consular officers of the Philippine Embassy to take my deposition relating to the above-mentioned case and that I am requesting for the said deposition taking of my own free will and under no compulsion by any court or person. I also undertake to pay the prescribed fees by the Department of Foreign Affairs before the conduct of the proposed deposition-taking. My failure to pay such fees shall result in the forfeiture of the schedule requested. I also undertake to abide by the health and other protocols required by the Embassy in the conduct of the deposition.

NAME AND SIGNATURE OF THE REQUESTING PARTY

DATE