

**TO: VIRGINIA DEPARTMENT FOR THE DEAF AND HARD OF HEARING
COURT SIGN LANGUAGE INTERPRETER/CART REQUEST FORM**

FOR VDDHH ISP OFFICE USE ONLY	ASSIGNED:	Job #:
Entered by:	Confirmed (date/by):	Cancelled?/Date:

FAX COMPLETED FORM TO 804-662-9718

URGENT <input type="checkbox"/> DUE TO:		<input type="checkbox"/> CANCELLATION		
▶ <i>Please check the appropriate box(es) below for the Communication Services you need:</i>				
<input type="checkbox"/> SIGN LANG. INTERPRETER(s) <input type="checkbox"/> CART PROVIDER <input type="checkbox"/> OTHER (Specify):				
PLEASE NOTE: You must submit a new interpreter request <u>every</u> time a deaf person is scheduled to appear, even if the interpreter agrees, or is ordered, to return.				
▶ Today's Date:		▶ Date(s) of Assignment:		
▶ Beginning Time of Assignment:		▶ End Time of Assignment:		Actual "in court" time:
(if none provided, two hour minimum will be assumed)				
▶ NAME OF COURT REQUESTING SERVICE:				
▶ COURT ADDRESS:				Courtroom #
▶ NAME of PERSON SUBMITTING THIS FORM ("Requestor") :		▶ Phone Number:	▶ Email Address :	
▶ Location/Address of Assignment (IF NOT AT COURT ADDRESS): (include bldg, floor, room #, etc.) :				
▶ Specific Charge/Nature of Case:				
▶ Case Number(s):			<input type="checkbox"/> Civil <input type="checkbox"/> Criminal/Traffic	
▶ Type of Assignment/Proceeding (select all that apply):				
<input type="checkbox"/> Intake <input type="checkbox"/> Bond Hearing <input type="checkbox"/> Attorney/Client Mtg <input type="checkbox"/> Jury Trial <input type="checkbox"/> Bench Trial <input type="checkbox"/> Arraignment <input type="checkbox"/> Prelim/Motions Hearing <input type="checkbox"/> Adjudication <input type="checkbox"/> Jury Duty <input type="checkbox"/> Disposition <input type="checkbox"/> Other PRE-DISPOSITION NEEDS (explain):				
▶ Name/Role of All Key Parties (This includes deaf parents or other family members or friends of a non-deaf individual who is involved in a case.)				
ROLE	NAME	DEAF? Y/N	AGE	GENDER
Defendant/Respondent:				
Plaintiff/Petitioner:				
Victim:				
Witness:				
Parent:				
Attorney:				
Attorney:				
Other (Explain):				
ADDITIONAL INFO/BACKGROUND/NOTES:				
Specific Communications Needs (if known): ASL PSE SEE Close-vision Tactile CDI Oral				
Other (explain):				
How many interpreters needed? (If known based on case history):				

FAX COMPLETED FORM TO 804-662-9718. If VDDHH ultimately cannot cover an assignment, please immediately contact Charlene Watkins in the Department of Judicial Services at OES. Her email address is cmwatkins@vacourts.gov. OES may be able to coordinate the appearance of an interpreter for the deaf remotely if possible, by using existing video units on the OES network.

OES_slcart_request (November 2017)