

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

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

**EMAIL COMPLETED FORM TO [isprequests@vddhh.virginia.gov](mailto:isprequests@vddhh.virginia.gov) or FAX TO 804-662-9718**

IF REQUEST IS URGENT, CALL 804-662-9502 AND SPEAK WITH SOMEONE AT VDDHH.

<b>URGENT</b> <input type="checkbox"/> <b>DUE TO:</b>		<input type="checkbox"/> <b>CANCELLATION</b>		
▶ <i>Please check the appropriate box(es) below for the Communication Services you need:</i>				
<input type="checkbox"/> <b>SIGN LANG. INTERPRETER(S)</b> <input type="checkbox"/> <b>CART PROVIDER</b> <input type="checkbox"/> <b>OTHER (Specify):</b>				
<b>PLEASE NOTE:</b> 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:
<small>(if none provided, two hour minimum will be assumed)</small>				
▶ 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 the ADA Coordinator, Dr. Renée Fleming Mills, Office of the Executive Secretary (OES) of the Supreme Court of Virginia. The email address is [adacoordinator@vacourts.gov](mailto:adacoordinator@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.