

Virginia Department for the

Deaf and Hard of Hearing

COURT SIGN LANGUAGE INTERPRETER/CART REQUEST FORM -For Pre-Disposition Services Only-Please fill completely.

Where an "*" is shown, the information is required.

THIS FORM IS FOR AUTHORIZED USE ONLY. (COURT STAFF, COURT-APPOINTED ATTORNEYS, ETC.)

Consumers seeking accommodations must contact the Clerk of the Court where the proceeding will be held.

| Please check the appropriate box(es) below for the Communication Services you need: | | | | | | | | |
|---|-------------------------|-----------------------------------|-------------------|---------------------|-------------|----------|-------|--|
| SIGN LANGUAGE INTERPRET | ER CART P | ROVIDER | OTHER (S | pecify) | | | | |
| Date(s) of Assignment:* Today's Date:* | | | | | | | | |
| Start Time of Assignment:* | End Time of Assignment: | | | Duration on docket* | | | | |
| | (if none provided, | two hour maximur | m will be assumed | 1) | | | | |
| ► JURISDICTION OF COURT REQUESTING SERVICE:* | | | | | | | | |
| COURT ADDRESS:* | | | | Courtro | Courtroom # | | | |
| NAME of PERSON SUBMITTING THIS FORM ("Requestor"):* | | | Email Address:* | | | | | |
| ► Location: IS THIS ASSIGNMENT AT THE COURT ADDRESS?* YES NO | | | | | | | | |
| Address of Assignment IF NOT AT COURT ADDRESS: (include full address bldg, floor, room #, etc.): | | | | | | | | |
| If no onsite service provider is available, can this assignment be covered remotely? See page 2 for clarification. Yes No TBD | | | | | | | | |
| Description of Charge(s) /Natur | e of Case:* | | | | | | | |
| Case Number(s):* | | | | * Civil | Cri | minal/Tr | affic | |
| Type of Assignment/Proceedin | g (select all that | apply):* | | | | | | |
| Intake Arraignment Bond Hearing Status Hearing Review Hearing Probable Cause Hearing Preliminary/Motions hearing Attorney/Client Meeting | - , | ation ion ing rial Il | | er PRE-Disp | osition Ne | eds (Exp | lain) | |

| | Name/Role of A | ll Key Parties * |
|--|----------------|------------------|
|--|----------------|------------------|

| NAME | | ROLE | DEAF/HH? | AGE | GENDER | | | | | |
|---|---------------------------------------|-------------|-------------------|-----|--------|--|--|--|--|--|
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| ADDITIONAL INFO/BACKGROUND/NOTES: Specific Communications Needs (if known): | | | | | | | | | | |
| ASL | CDI (Certified Deaf Interpreter) CART | | | | | | | | | |
| PSE | Tactile Oral | | l Transliteration | | | | | | | |
| SEE | Close Vision | Cued Speech | | | | | | | | |
| Other (explain): _ | | | | | | | | | | |
| How many interpreters needed? (If known based on case history): | | | | | | | | | | |
| Please provide any background/notes/etc. that will assist the interpreter in preparing for this case: | | | | | | | | | | |
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Regarding remote services through VDDHH coordination: The court must provide the webmeeting link (e.g. Webex) and have the capability to provide adequate audio and video access via digital device or courtroom equipment.