



Virginia Department for the Deaf and Hard of Hearing

COURT SIGN LANGUAGE INTERPRETER/CART Request Form

-For Pre-Disposition Services Only-

AUTHORIZED PERSONNEL ONLY

(COURT STAFF, COURT-APPOINTED ATTORNEYS, ETC.)

EMAIL COMPLETED FORM TO isprequests@vddhh.virginia.gov OR Fax to 804-662-9718

▶ Please check the appropriate box(es) below for the Communication Services you need:					
SIGN LANG. INTERPRETER		CART PROVIDER		OTHER (Specify): _____	
▶ Today's Date:		▶ Date(s) of Assignment:			
▶ Beginning Time of Assignment:		▶ End Time of Assignment: <small>(if none provided, interpreter will be scheduled for two hours)</small>		Actual "in court" time:	
▶ NAME OF COURT REQUESTING SERVICE:					
▶ COURT ADDRESS:					
▶ NAME of PERSON SUBMITTING THIS FORM ("Requestor") :		▶ Phone Number:	▶ 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.) :					
▶ Specific Charge/Nature of Case:					
▶ Case Number(s):			Civil Criminal/Traffic		
▶ Type of Assignment/Proceeding (select all that apply):				Other PRE-Disposition Needs (Explain)	
Intake	Preliminary/Motions Hearing	Bench Trial			
Arrestment	Attorney/Client Meeting	Jury Trial			
Bond Hearing	Adjudication	Jury Duty			
Disposition	Civil Commitment Hearing/TDO				
▶ Name/Role of All Key Parties					
NAME		ROLE	DEAF? Yes/No/ Unknown	AGE	GENDER
		Defendant/Respondent:			
		Plaintiff/Petitioner:			
		Victim:			
		Witness:			
		Parent:			
		Attorney:			
		Attorney:			
		Other (Explain):			

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ADDITIONAL INFO/BACKGROUND/NOTES:

Specific Communications Needs (if known):

ASL PSE SEE Close-vision Tactile

CDI Oral CART

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: