



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: <b>SIGN LANGUAGE INTERPRETER</b> <b>CART PROVIDER</b> <b>OTHER (Specify) _____</b>		
▶ Date(s) of Assignment:*		▶ Today's Date:*
▶ Start Time of Assignment:*	▶ End Time of Assignment: <small>(if none provided, two hour maximum will be assumed)</small>	▶ Duration on docket*
▶ JURISDICTION OF COURT REQUESTING SERVICE:*		
▶ COURT ADDRESS:*		▶ Courtroom #
▶ 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.):		
▶ If no onsite service provider is available, can this assignment be covered remotely?      Yes      No      TBD See page 2 for clarification.		
▶ Description of Charge(s) /Nature of Case:*		
▶ Case Number(s):*	*      Civil      Criminal/Traffic	
▶ Type of Assignment/Proceeding (select all that apply):*		
Intake Arraignment Bond Hearing Status Hearing Review Hearing Probable Cause Hearing Preliminary/Motions hearing Attorney/Client Meeting	Deposition Adjudication Disposition Sentencing Bench Trial Jury Trial Jury Duty Civil Commitment/TDO	Other PRE-Disposition Needs (Explain)

▶ Name/Role of All Key Parties \*

NAME

ROLE

DEAF/HH?

AGE

GENDER

**ADDITIONAL INFO/BACKGROUND/NOTES:**

Specific Communications Needs (if known):

ASL

CDI (Certified Deaf Interpreter)

CART

PSE

Tactile

Oral 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:

**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.

EMAIL COMPLETED FORM TO [isprequests@vddhh.virginia.gov](mailto:isprequests@vddhh.virginia.gov) or Fax to 804-662-9718. v9.1.19