

**REQUEST FOR INTERPRETER SERVICES
STATE OF DELAWARE
SUPERIOR COURT- KENT COUNTY**

All requests for interpreter services must be presented to the court in a timely matter with a **minimum of 8 business days' notice** by filing this form with the Prothonotary. Please file a separate RFIS for each event. The court cannot guarantee interpreter services for requests filed with less than 8 business days' notice. Pleas by appointment that require language services will be scheduled according to interpreter availability.

Please complete the form legibly and in its entirety then email it to kirra.britt@delaware.gov and annette.ashley@delaware.gov

Date of this request: _____ **ATTENTION: Kirra Britt and Annette Ashley**
Name of Requester: _____ Signature: _____
Is the requester the Attorney of Record: Yes No. Telephone Number: _____
E-mail Address: _____

Name of Defendant	ID Number	Hearing Date/Time/Type (if TRIAL, please state anticipated length)	LANGUAGE

Defendant's Country of Origin: _____

NOTES:

Please include any information that may facilitate securing services such as other language/s the Defendant speaks.

CANCELLATION OF REQUEST

Attorneys who request language services to the court are responsible for notifying the court of any changes or cancellations. If this request needs to be cancelled, please do so as soon as possible by filling out the portion below ON THE ORIGINAL REQUEST FORM and emailing same to Kirra Britt at kirra.britt@delaware.gov and Annette Ashley at annette.ashley@delaware.gov. Any cancellation must be **at least 48 hours (2 full business days)** prior to the date of the hearing to relieve the court from cancellation fees.

Date of Cancellation request: _____ Reason for Cancellation: _____

Name: _____ Signature: _____

If the event should be rescheduled, please file a **NEW** RFIS form.

FOR INTERNAL USE ONLY –
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