REQUEST FOR INTERPRETER SERVICES STATE OF DELAWARE SUPERIOR COURT- NEW CASTLE COUNTY

All requests for interpreter services must be presented to the court in a timely matter with a <u>minimum</u> <u>of 8 business days' notice</u> by filing this form with the Prothonotary. The court cannot guarantee interpreter services for requests filed with less than 8 business days' notice. Pleas by appointment requiring language services will be scheduled according to interpreter availability.

Please complete the form legib	ly and in its entirety.	Then, email it to mary.frank@	Odelaware.gov and
erandy.santos@delaware.gov .			
Date of Request:			
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 r	nay facilitate securing th	ne services requested.	
CANCELLATION OF REQUEST If the request needs to be cancelled, REQUEST FORM and emailing to Merandy.santos@delaware.gov . Any relieve the court from any cancellation	lary L. Frank, at mary for mary for mary for multiple mul	rank@delaware.gov and Erandy	Santos at
Date of Cancellation Request: Reason for Cancellation:			
Name: Signature:			
Should this event need to be resched	duled, please file a NEV	RFIS form with the appropriate in	nformation.
FOR INTERNAL USE ONLY -			