

**REQUEST FOR INTERPRETER SERVICES
STATE OF DELAWARE
SUPERIOR COURT- SUSSEX 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. 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 legibly and in its entirety. Then email it to leslie.rementer@delaware.gov and jodie.reynolds@delaware.gov

Date of Request: _____ **ATTENTION: Leslie Rementer and Jodie Reynolds**
Name of Requester: _____ Signature: _____
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 the services requested.

CANCELLATION OF REQUEST

If the 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 to **Leslie Rementer**, at leslie.rementer@delaware.gov . Any cancellation request must be made at least 48 business hours prior to the hearing to relieve the court from any cancellation fees.

Date of Cancellation Request: _____ Reason for Cancellation: _____
Name: _____ Signature: _____

Should this event need to be rescheduled, please file a **NEW** RFIS form with the appropriate information.

FOR INTERNAL USE ONLY –