

**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 [myrtle.thomas@delaware.gov](mailto:myrtle.thomas@delaware.gov) .**

Date of Request: \_\_\_\_\_ **ATTENTION: Myrtle Thomas**

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 **Myrtle Thomas**, at [myrtle.thomas@delaware.gov](mailto:myrtle.thomas@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.

<p><b>FOR INTERNAL USE ONLY –</b></p>
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