



GENERAL DISTRICT COURT – INTERPRETER REQUEST

Submit request form via email to gdcinterpreter@fairfaxcounty.gov or in person to Room 211

Fairfax: County City

Town of: Herndon Vienna

DEFENDANT NAME: _____

CASE NO.(S): _____

DIVISION (check one) Criminal Traffic Civil

Language or Dialect: _____

Name of person needing interpreter _____

Relation to the case: Plaintiff Defendant Witness Other _____

TYPE (check one) Court Hearing Jail Visit Office Visit Room #: _____

Date of Hearing or Visit: _____

Time of Hearing or Visit: _____

Time Estimate for Hearing or Visit: _____

Officer/Complainant (Traffic Cases): _____

Attorney, if any: _____

Person requesting the interpreter: Name: _____

(WHEN POSSIBLE: This part should include the info of the person needing the interpreter)

Relation to case: _____

Email: _____

Telephone #: _____

- SPANISH, KOREAN, AND VIETNAMESE INTERPRETERS NEED TO BE SCHEDULED FOR ALL CIVIL TRIALS AND PRELIMINARY HEARINGS.
- TWO WEEK NOTICE REQUIRED FOR ALL SIGN LANGUAGE INTERPRETER REQUESTS.
- ANY CANCELLATIONS OR CHANGES TO INTERPRETER REQUESTS MUST BE REPORTED IMMEDIATELY.

Today's date: _____

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Court Operations Only

Request Processed Date: _____ Processed by: _____ Agency Assigned: _____