

FAIRFAX COUNTY JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT

4110 Chain Bridge Road, Room 302, Fairfax VA 22030

(703)246-3362 | <https://fairfaxcounty.gov/juveniledomesticrelations>

REQUEST FOR INTERPRETER

Date of Request:

To:

From: Clerk

(Name of Clerk)

(Contact Number)

Complaint type (s):

Custody Visitation Paternity Child Support Spousal Support

Family Abuse Criminal Other:

Case File Name:

Complaint's name:

Case Number:

Language:

Individual(s) needing interpreter: Petitioner Respondent

Both Parties Other

Circumstances requiring an interpreter:

- Individual does not speak English or has limited English proficiency.
- Individual does not have family/friends who can adequately interpret court proceedings.
- Individual does not have resources to acquire assistance.

VOLUNTEER INTERPRETER **CERTIFIED INTERPRETER**

HEARING DATE: _____ TIME: 11:00 AM COURT ROOM: _____

STATUS HEARING: _____ LENGTH OF HEARING: 30 MINUTES

POST COURT OFFICE USE ONLY

CONFIRMATION DATE: _____

CANCELED RESCHEDULED CONTINUED

AGENCY: _____

DATE AND TIME OF NEW HEARING: _____

CLERK'S INITIALS: _____

NOTIFY COURT-ROOM SUPERVISOR GENALIN SANTORUM IF AN NTERPRETER IS CANCELLED AT LEAST 24 HOURS BEFORE THE COURT DATE.