VIRGINIA:

IN THE JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT FOR FAIRFAX COUNTY

REQUEST FOR INTERPRETER (01/01/26)

Date of Request:

To: Spanish Interpreter Services

From: _____ _____
(Name) (Contact Number)

Case type (s):

☐ Custody ☐ Visitation ☐ Paternity ☐ Child Support ☐ Spousal Support

☐ Protective Order ☐ Criminal ☐ CHINS ☐ Abuse and Neglect

Case Name:

Petitioner's Name:

Case Number:

Language: ☐ Spanish ☐ (Specify): Enter Custom Language

Individual(s) needing interpreter: ☐ Petitioner ☐ Respondent/Defendant

☐ Both Parties ☐ Other

HEARING DATE: TIME: COURT ROOM:

STATUS HEARING: NO LENGTH OF HEARING:

CLERK'S OFFICE USE ONLY

CONFIRMATION DATE: _____ ☐ **CANCEL** ☐ **RESCHEDULED** ☐ **CONTINUED**

AGENCY: _____ **DATE AND TIME OF NEW HEARING:** _____

CLERK'S INITIALS: _____

Please call (703) 246-3367 to notify the Post Court Clerk of any cancelations at least 24 hours before the hearing date.