

VIRGINIA:

IN THE JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT FOR FAIRFAX COUNTY

**REQUEST FOR INTERPRETER** (Rev. 7/2/24)

Date of Request:

To:

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):

Individual(s) needing interpreter:

☐ Petitioner

☐ Respondent/Defendant

☐ Both Parties

☐ Other

HEARING DATE:

TIME:

COURT ROOM:

STATUS HEARING:

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.