



South Carolina Judicial Branch

REQUEST FOR COURT INTERPRETER

CASE INFORMATION:

COUNTY OF _____
CASE NO. _____

CASE NAME

Plaintiff
v.

Defendant

REQUESTOR INFORMATION:

First Name: _____
Last Name: _____
Title/Position: _____
Law Firm/Agency/Org: _____
Phone Number: _____
Email: _____

LOW ENGLISH PROFICIENCY (LEP) PERSON(S) INFORMATION:

LEP #1 First Name: _____
LEP #1 Last Name: _____
LEP person #1 is: [Click to choose one.](#)

TYPE OF COURT:

General Sessions/GSNJ Common Pleas/CPNJ
 Family Court Other _____

LANGUAGE ACCESS NEEDS:

Sign Language/ASL
 Non-English Speaking _____
Specify Language

COURT PROCEEDING INFORMATION:

Scheduled Date(s): [Click to enter a date.](#)
Scheduled Start Time: _____
Estimated Duration of Proceeding: [Click to select.](#)
Proceeding to be held: In Person Remotely
Courthouse Address: _____
Courtroom Number (if known): _____

Requestor confirms that they have read the Court Interpreter Cancellation Policy and that in the event the hearing or trial is cancelled, continued, rescheduled, settles, or is for some reason not going forward as scheduled, that the requestor shall notify the clerk's office and interpreter (if known) by email at least one business day (24 hours, excluding weekends and state holidays) ahead of time. Failure to make this notification shall obligate the requestor to pay a cancellation fee to the interpreter in the amount equivalent to two (2) hours of their time (based on the interpreter's rate of compensation).

Printed Name: _____ Signature: _____

Date of Request: [Click to enter a date.](#)

FOR CLERK'S USE:

Interpreter Assigned: _____
Phone Number: _____
Email: _____
Assigned by: _____
Notes:

Language: _____
[Click to choose interpreter level.](#)
Date Assigned: [Click to enter date.](#)

CANCELLATION:

If cancelled, notification of cancellation received on (Date) _____ at (Time) _____.

Interpreter notified of cancellation on (Date) _____ at (Time) _____ via Phone Email.