

REQUEST FOR INTERPRETER SERVICES

FAMILY COURT

Instructions: Please type or print legibly. E-mail this form and any accompanying documentation to:
assigndesk@scacp.org

ASSIGNED COUNSEL DEFENDER PLAN OF SUFFOLK COUNTY

Courthouse Corporate Center
320 Carleton Avenue, Suite 4300
Central Islip, New York 11722
(631) 439-0539
(631) 761-6517

Date: _____

Attorney of Record/Party initiating request: _____

Email Address: _____ Contact #: _____

Client Last Name:	First Name:	Date of Birth #:

DOCKET NUMBER: _____ Petitioner Respondent

COURT FILE #: _____

NATURE OF PETITION: _____

<input type="checkbox"/> First Request
<input type="checkbox"/> Previous Requests for Expert funding Totals: \$ _____
<i>(include list of experts used in this case)</i>

Date Services Needed:	_____
Place:	_____
Short Description:	_____

Attorney Signature
Please Print Name:

Services Requested: _____

Date Completed: _____

Nalda Blanco

