

INTERPRETER BOOKING REQUEST FORM

Note: An interpreter booking is for the nominated hearing date(s) only. For each additional hearing, a further request is required.

Case details

Court reference: _____

Name of case: _____

Jurisdiction: Family division Criminal division Intervention order

Type of hearing: Mention Contest mention

Conciliation conference Directions hearing

Readiness hearing Contested hearing

Other [*specify*] _____

Details of interpreter booking

Name of person requiring interpreter: _____

Relationship to case: _____

Language: _____

Gender of interpreter preferred: _____

Court location: _____

Date(s) of hearing: _____

Time of hearing: _____

Duration: _____ hours **OR** Half day Full day

Details of requesting person

Name: _____

Email: _____

Agency: _____

Phone: _____ Date: _____

Signature: _____

REGISTRY USE ONLY

Request received by: Phone Email

Request made to [specify agency] On-Call V.I.T.S.

VicDeaf T.I.S. Ethnic

Other [please specify] _____

Date: _____ Time: _____

Booking number: _____

If booking is cancelled, action taken:

Further request made to VITS [date] _____

Other [please specify] _____