

# REQUEST FOR INTERPRETER SERVICES

## FAMILY COURT

**Instructions:** Please type or print legibly. E-mail this form and any accompanying documentation to:  
[assigndesk@scacp.org](mailto: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 #:
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DOCKET NUMBER: \_\_\_\_\_

Petitioner

Respondent

COURT FILE #: \_\_\_\_\_

NATURE OF PETITION: \_\_\_\_\_

First Request

Previous Requests for  
Expert funding Totals:

\$ \_\_\_\_\_

*(include list of experts used  
in this case)*

Date Services Needed: \_\_\_\_\_

Place: \_\_\_\_\_

Short Description: \_\_\_\_\_

\_\_\_\_\_  
Attorney Signature  
Please Print Name:

Services Requested: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

