



**APPLICATION TO PROVIDE SERVICES TO THE HEARING
IMPAIRED OR OTHER PERSONS WITH
COMMUNICATION DISABILITIES**

Name: _____ Case No. _____

In accordance with guidelines of this court, application is made for a court-provided interpreter and/or other appropriate auxiliary aids as follows:

Sign Language Interpreter

Other communication/auxiliary aid, as specified:

Judge: _____

Hearing Date: _____

Time: _____

Location: _____

Applicant's Role:

Attorney

Plaintiff

Defendant

Witness

Debtor

Other (specify) _____

I certify under penalty of perjury that I am hearing impaired, deaf, or have other communication disabilities that render me eligible for receipt of these services.

Date

Applicant's Signature

This application must be filed with the Access Coordinator in the Clerk's Office at least one (1) month before the date of the hearing.

The Access Coordinator is:

Marilyn Arroyo, Chief Deputy Clerk II
Almeric L. Christian Federal Building & U.S. Courthouse
3013 Estate Golden Rock
Christiansted, St. Croix 00820-4355
Phone: (340) 718-1130
marilyn_arroyo@vid.uscourts.gov