

**LANCASTER COUNTY DOMESTIC RELATIONS SECTION
REQUEST FOR SIGN LANGUAGE INTERPRETING SERVICES**

Date of Request: _____ PACSES No. _____

Name & Address: _____

[Please print] _____

E-mail address: _____

I hereby request sign language interpreting services to be provided by The Communication Connection, Inc. (TCC) for the following (“x” appropriate event):

_____ Conference (In Domestic Relations Office)

_____ Contempt Conference (In Domestic Relations Office)

_____ Domestic Relations Court Hearing

_____ Other – Please Specify: _____

If an appointment has already been scheduled, please provide date and time:

SIGNATURE: _____

IMPORTANT NOTICES

● Please complete this form and return it to the Domestic Relations Section (Attn: Administration), 150 N. Queen Street, Suite 220, PO Box 83479, Lancaster, PA 17608 (or fax to 717-390-7778).

● You MUST complete the request and return it to the DRS within a week of the scheduled event.

● You will receive a notice rescheduling original appointment if an interpreter is **unavailable** for this event.