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| **INTERPRETER BOOKING REQUEST**  **To: The Sheriff, Northern Territory Supreme Court, Darwin**  **Email: AGD.**[**Sheriff@nt.gov.au**](mailto:Sheriff@nt.gov.au)  **The Registry, Alice Springs Supreme Court Registry**  **Email:** [**ASSupremeCourt@nt.gov.au**](mailto:ASSupremeCourt@nt.gov.au)  **Or Filed with Schedule 2 Form** *(press F11 to navigate through fields)*  **Or Filed on Court File** | |
| *This form is to be used by all persons requiring an interpreter for a Supreme Court hearing. This form must be completed for each person requiring an interpreter and filed prior to each hearing in accordance with the Protocols for Working With Interpreters in the Northern Territory Supreme Court.*  *The Sheriff’s Office or Registry will forward the booking to the AIS, ITSNT (including Auslan or other sign language) as the case may be. The Court is not in a position to pay interpreter fees. For fees see page 2.* | |
| **Details of Proceedings** | Court file no:  Names of Parties to Proceedings: |
| **Details of Person/Organisation**  **Applicant Requesting the Services of an Interpreter** | Name of person/organisation/firm requesting the interpreter:  Contact person (for confirmation of interpreter availability and/or request for briefing materials will be sent to this person from the interpreter service:  Email:       Phone:  Fax:       Mobile:  Counsel who will work with the interpreter:  Location where interpreter should meet counsel:  Time that interpreter should meet with counsel: |
| **Details of person for whom the interpreter is required** | Name:  Language:  Dialect (if relevant):  Country/Community of origin:  Accused       Adult       Child       Civilian Witness       Expert Witness  Age:       Gender:  Any particular issues relating to the person: |
| **Case Details**  **(continued over page)** | Trial (Criminal)       Sentencing       Bail  Trial (Civil)       Listing/Directions Hearing  Date of Hearing:      /     /      Time of Hearing: |
| **Case Details (cont)** | Est. Duration:       hours      days  Any other relevant details: (eg is trial a head trial or back-up:  Has an interpreter previously been engaged in these proceedings? Yes       No |
| **Fees**  **Person or Organisation to be invoiced** | The person/organisation requesting the interpreter has an arrangement with the AIS/NTITS/Auslan allowing payment of interpreter fees:  Or  An arrangement has been made between the parties for the payment of interpreter fees:  Details:  Or  The person for whom the interpreter is required will pay the fees:  Or  Other (give details): |
| **COURT USE ONLY** | |
| Booking Request received/filed: Date:      /     /  Service requested: AIS       ITSNT (including Auslan or other sign language)  Date Booking request forwarded to Interpreter Service: Date:      /     / | |
| AIS booking email: [ais@nt.gov.au](mailto:ais@nt.gov.au)  Phone: 1800 334 944  ITSNT (including Auslan) booking email: [itsnt@nt.gov.au](mailto:itsnt@nt.gov.au)  Phone: 1800 676 254 | |