



UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE
824 NORTH MARKET STREET
WILMINGTON, DELAWARE 19801

Application for Services for Persons with Communications Disabilities

In accordance with the policy of the Judicial Conference of the United States and guidelines of this Court, the undersigned requests a Court provided language interpreter(s) and/or other appropriate auxiliary aids and services as follows:

Sign language interpreter

Other communication aid, auxiliary aid or services (specify): _____

Case Name and Number: _____

Hearing Date/Time/Location: _____

What is your role in the hearing? (check one)

Debtor

Witness

Defendant

Other (specify) _____

Plaintiff

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

Applicant Name (print)

Date

Applicant's Signature

Email

This Application for Services must be submitted to the Access Coordinator listed below **at least fourteen (14) days** before the date of the hearing. Questions: Contact the Access Coordinator at 302-252-2900 or email: deb_accessibility@deb.uscourts.gov.

For job applicants, visitors, and general accommodations questions: Human Resources Supervisor, email: deb_hr@deb.uscourts.gov

For Internal Use Only

Services Completed:

Hearing Assistance Headphones tested and provided

Sign-language interpreter provided

Other (specify) _____

Date Completed : _____

By: _____

Notes: