

Case No: _____

REQUEST FOR SERVICES

This form should be completed by or on behalf of those in need of communication services at a hearing before the United States Bankruptcy Court for the District of South Carolina. To ensure that services are available, this form must be completed and filed at least five (5) days prior to the schedule hearing.

Name: _____

Address: _____

Phone No. _____

Attorney: _____

Case Name: _____

Hearing Date: _____

Hearing Time: _____

What is your role at the hearing?

- Attorney Debtor Creditor Witness
 Other _____ (describe)

What is your primary choice for communication services:

- Auxiliary Hearing Aid
 Sign Language Interpreter _____ (Preferred Sign Language)