

Interpreter Request

Case No. \_\_\_\_\_

1.

Name of Person Requesting Interpreter		Address
Telephone/TTY Number	Date Request Submitted	

2. The person who needs the interpreter is a:  
 party.  witness who is testifying.  victim.  other: \_\_\_\_\_

3. The interpreter will be needed:  
 on (date) \_\_\_\_\_ at (time) \_\_\_\_\_  a.m.  p.m.  
 for all proceedings related to this case.

4. The language needed is:

<input type="checkbox"/> Spanish	<input type="checkbox"/> German	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Hmong	<input type="checkbox"/> Hindi	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Albanian	<input type="checkbox"/> Italian	<input type="checkbox"/> Russian
<input type="checkbox"/> Arabic	<input type="checkbox"/> Japanese	<input type="checkbox"/> Somali
<input type="checkbox"/> Bosnian/Croatian /Serbian	<input type="checkbox"/> Khmer	<input type="checkbox"/> Thai
<input type="checkbox"/> Bulgarian	<input type="checkbox"/> Korean	<input type="checkbox"/> Tibetan
<input type="checkbox"/> Chinese-Cantonese	<input type="checkbox"/> Lao	<input type="checkbox"/> Urdu
<input type="checkbox"/> Chinese-Mandarin	<input type="checkbox"/> Mai-Mai/Bantu	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> French	<input type="checkbox"/> Polish	
<input type="checkbox"/> Other (specify dialect): _____		

(Complete the following, if different from number 1 above.)

5. Name of person completing this request: \_\_\_\_\_  
Telephone/TTY Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

IT IS ORDERED:

This interpreter request is approved for:  all court proceedings  other: \_\_\_\_\_

This interpreter request is denied because: \_\_\_\_\_

BY THE COURT:

\_\_\_\_\_  
Court Official

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

Distribution:  
1. Judge  
2. Clerk of Court  
3. Attorney/party  
4. Other: \_\_\_\_\_