

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

Title (Print or Type Name if not eSigned)

Date

DISTRIBUTION:

1. Judge
2. Clerk of Court
3. Attorney/Party
4. Other: _____