

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

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: _____

DISTRIBUTION:

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