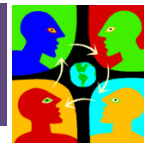


WISCONSIN COURT INTERPRETER PROGRAM

Application for 2020 Online Orientation



110 E Main Street, Suite #410 | Madison WI 53703 | p: 608.266.8635 | e: carmel.capati@wicourts.gov | f: 608.267.0911

Instructions: Complete ALL fields below.

PART I. APPLICANT INFORMATION

Last Name:					First Name:					
Street Address:							Apartment/Unit #:			
City:					State:			Zip:		
DOB:			E-mail Address:				Agency (if applicable):			
Work Phone:			Cell Phone:				Home/Other Phone:			
Non-English language(s) in which you interpret:	Language 1:		Language 2:		Language 3:					
Check the Wisconsin judicial district(s) in which you are willing to work. For a map see: http://www.wicourts.gov/courts/offices/map.htm										
<input type="checkbox"/> All districts OR indicate specific districts: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th										

PART II. ONLINE ORIENTATION INFORMATION

Fall 2020 Online Orientation. These sessions will be held over two consecutive weekends in the morning from 8:45 am to 12:00 pm on Saturday, September 19 & Sunday, September 20 and Saturday, September 26 & Sunday, September 27 through a combination of Zoom meetings and webinars. Attendance at ALL sessions is mandatory.

Requirements for Participation: Attendees MUST have a computer with a webcam, smart phone, I-Pad, or tablet; Internet access; and the free Zoom app downloaded onto their device in order to participate. It is recommended but not required to have headphones/earbuds with a microphone as well.

The orientation materials will be provided electronically via a DropBox link that you will receive once your application and payment have been processed. Additional materials will be mailed to you so it is important to provide a valid mailing address above where it asks for a street address.

Have you attended orientation in the past? No Yes

If Yes, indicate year and location:

Sign language interpreters ONLY. Check this box if you are applying for CEUs. This training has been approved for 1.3 CEUs or 13 contact hours with the Registry of Interpreters for the Deaf (RID).

PART III. INTERPRETING AND TRANSLATION EXPERIENCE *(Check all that apply)*

Do you currently provide interpreting services?	<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, for whom? <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Family <input type="checkbox"/> Other:	
How frequently do you provide interpreting services?	<input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily	
What type of setting?	<input type="checkbox"/> Circuit court <input type="checkbox"/> Municipal court <input type="checkbox"/> Federal court <input type="checkbox"/> Law office <input type="checkbox"/> Administrative hearing <input type="checkbox"/> Police station <input type="checkbox"/> Jail or prison <input type="checkbox"/> Hospital or clinic <input type="checkbox"/> School <input type="checkbox"/> Business <input type="checkbox"/> Conference <input type="checkbox"/> Social services <input type="checkbox"/> Community <input type="checkbox"/> Other (<i>specify</i>):	
What type of interpretation?	<input type="checkbox"/> Simultaneous <input type="checkbox"/> Consecutive <input type="checkbox"/> Sight Translation <input type="checkbox"/> Conference	
Do you currently provide translation services?	<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, indicate the type of documents: <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Business <input type="checkbox"/> Technical <input type="checkbox"/> Other (<i>specify</i>):	

PART IV. EDUCATIONAL DEGREE OR LEGAL OR INTERPRETING TRAINING

Institution/Organization	Location	Start Date	End Date	Area of Study/Degree/Training

PART V. MEMBERSHIPS, CREDENTIALS, LICENSES, OR OTHER CERTIFICATION

Membership/Credential/License/Other Certification	Month & Year Obtained	Sponsor/Agency/Association

PART VI. GENERAL INFORMATION

How did you hear about Wisconsin's Court Interpreter Program?

☐ Internet ☐ Colleague/Friend/Family ☐ Career panel ☐ Educational institution ☐ Press release

☐ Other (*specify*):

Why are you interested in working as a court interpreter?

Would you be available to work for the Wisconsin courts on a regular basis? ☐ Yes ☐ No

PART VII. ACCOMMODATION REQUEST (*if applicable*)

The Wisconsin Court System will provide reasonable accommodations to qualified individuals who request them.

☐ I am requesting an accommodation because of a disability. Please describe in detail the accommodation you are requesting below:

HOW TO SUBMIT THE APPLICATION AND PAYMENT: *This application form and fee of \$140 must be received by the corresponding deadline.*

If you are paying by check or money order (MO):

- Make check or MO payable to Wisconsin Supreme Court
- Mail completed application with check or MO to:
Office of Court Operations
110 East Main Street, Suite #410
Madison, WI 53703-3328
Attn. Court Interpreter Program

If you are paying by credit card:

- Call the Court Interpreter Program at 608.266.8635 for instructions on how to pay using a credit card. Credit card payments are processed Monday-Thursday.
- Once payment is made, email the completed application to:
carmel.capati@wicourts.gov or fax application to: 608.267.0911

Questions? Contact the Court Interpreter Program at 608.266.8635 or carmel.capati@wicourts.gov