|  |  |
| --- | --- |
| wisconsin court interpreter program  **Application for 2021 Orientation** | C:\Users\ccapati\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\YW97550O\image[1].png |
| 110 E Main Street, Suite #410 | Madison WI 53703 | p: 608.266.8635 | e: [alexandra.wirth@wicourts.gov](mailto:alexandra.wirth@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>  All districts OR indicate specific districts:  1st  2nd  3rd  4th  5th  7th  8th  9th  10th | | | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| Part II. online Orientation information (*Check the orientation you wish to attend*) | |
| **Spring:** Saturday, April 10; Sunday, April 11; Saturday, April 17; Sunday, April 18.  *.* | |
| **Fall:** Saturday, September18; Sunday, September 19; Saturday, September 25; Sunday, September 26. | |
| Have you attended orientation in the past? | No  Yes, specify year and location: |
| Orientation materials are provided electronically via DropBox link which you will receive in advance once your application and payment have been processed. | |
| **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? | | No  Yes. If yes, for whom?  Individual  Group  Family  Other: | | |
| How frequently do you provide interpreting services? | | | | Never  Occasionally  Monthly  Weekly  Daily |
| What type of setting? | Circuit court  Municipal court Federal court Law office  Administrative hearing  Police station  Jail or prison  Hospital or clinic  School  Business  Conference  Social services  Community  Other (*specify*): | | | |
| What type of interpretation? | Simultaneous  Consecutive  Sight Translation  Conference | | | |
| Do you currently provide translation services? | | | No  Yes. If yes, indicate the type of documents:  Legal  Medical  Business  Technical  Other (*specify*): | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
| If you speak a refugee language\* and would like to be considered for the Refugee Program Scholarship, explain why you think you are a good candidate to receive it.    **\*REFUGEE LANGUAGES:** Albanian, Amharic, Arabic, Bosnian, Bengali, Burmese, Chin, Croatian, Dari, Dinka, Ewe, Farsi, French, Hmong, Ilocano, Karen, Karenni, Khmer, Khmu, Kinkongo, Kiswahili, Kirundi, Kunam, Kurdish, Lingala, Lao, Macedonian, Mai Mai, Malay, Mandingo, Nepali, Oromo, Rohingya, Russian, Serbian, Somali, Swahili, Thai, Tibetan, Tigrinya, Twi, Ukrainian, Vietnamese, Wolog, Yansin, and Yoruba. |

|  |
| --- |
| **Part VII. Accommodation Request***(if applicable)* |
| **T** 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 $150 must be received by the corresponding deadline.* | |
| If you are paying by check or money order (MO): | If you are paying by credit card: |
| ►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 | ► Contact Tammy Keller at [Tammy.Keller@WIcourts.gov](mailto:Tammy.Keller@WIcourts.gov). Include your full name, phone number and address on your email.  ► Credit card payments are processed Monday-Thursday.  ► Once payment is made, email the completed application to: [alexandra.wirth@wicourts.gov](mailto:alexandra.wirth@wicourts.gov) or fax application to: 608.267.0911 |

***Questions? Contact the Court Interpreter Program at 608.266.8635 or*** [***alexandra.wirth@wicourts.gov***](mailto:alexandra.wirth@wicourts.gov)