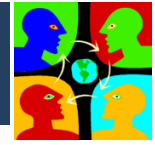


WISCONSIN COURT INTERPRETER PROGRAM

Application for 2021 Orientation



110 E Main Street, Suite #410 | Madison WI 53703 | p: 608.266.8635 | e: 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			
<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 (Check the orientation you wish to attend)

<input type="checkbox"/> Spring: Saturday, April 10; Sunday, April 11; Saturday, April 17; Sunday, April 18.
<input type="checkbox"/> Fall: Saturday, September 18; Sunday, September 19; Saturday, September 25; Sunday, September 26.
Have you attended orientation in the past? <input type="checkbox"/> No <input type="checkbox"/> 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.
<input type="checkbox"/> 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 (specify):
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 (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*)

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:
<ul style="list-style-type: none">▶ 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	<ul style="list-style-type: none">▶ Contact Tammy Keller at 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 or fax application to: 608.267.0911

Questions? Contact the Court Interpreter Program at 608.266.8635 or alexandra.wirth@wicourts.gov