

WISCONSIN COURT INTERPRETER PROGRAM (CIP)**APPLICATION FOR RECIPROCITY AND ROSTER STATUS: SPOKEN LANGUAGE**

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Instructions: Spoken language interpreters applying for reciprocity and appearance on the Wisconsin Roster of Court Interpreters at the Certified Level must use this form. Upon completing Parts, I, II & III of this form, pay the **non-refundable \$150** application fee on this link:

<https://www.wicourts.gov/services/payment/paymentcip.htm>

Then, submit this signed application and e-mail supporting materials to Interpreter.info@wicourts.gov.

PART I. APPLICANT INFORMATION											
I hold certification from the following entity or jurisdiction:				<input type="checkbox"/> US Admin. Office of the Courts		<input type="checkbox"/> State of		<input type="checkbox"/> Other:			
Last Name:				First Name:				Title:			
Street Address:						Apartment/Unit #:					
City:					Stat		Zip:				
DOB:		E-mail Address:					Agency (if applicable):				
Work Phone:				Cell Phone:				Home/Other Phone:			
Language(s) in which you hold certification:				Language 1:		Language 2:		Language 3:			
Indicate which judicial district(s) you are willing to work below; 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											
Are you required to comply with continuing education credits?				<input type="checkbox"/> No <input type="checkbox"/> Yes, in the state of:							
Have you ever been disciplined for an ethical violation by any entity or state which conferred or recognized your certification?				<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, provide details of the discipline below and attach additional pages if necessary.							
Details of disciplinary action such as dates, disposition, people involved, etc.:											

PART II. CHECKLIST OF SUPPORTING DOCUMENTS TO SUBMIT WITH APPLICATION

- ☐ Oath of Office form (notarized)
- ☐ Proof of oral test scores and certified status provided to the Wisconsin Court Interpreter Program **by the state that conferred your certification**. If you are certified in more than one language, you must provide your test scores and proof of certified status for each language.
- ☐ Verification from the state that conferred your certification that you did not take the same version of the examination more than two times and did not retake the test more than once in a 10-month period.
- ☐ Wisconsin does NOT accept scores carried over a period that exceeds 18 months.
- ☐ Proof of compliance with Continuing Education (CE) requirements, if applicable.
- ☐ Letter from the language access program from the state that conferred your certification stating you are currently in good standing with all program requirements. If you hold certification from the US AOC, provide a letter from the language access program of the state in which you reside. This letter can be in the form of an email.
- ☐ Proof of attendance to the following sessions of the Wisconsin orientation for court interpreters:
 - Overview of the Wisconsin Court System,
 - Civil and Criminal Terminology,
 - The Code of Ethics for Court Interpreters

PART III. ACKNOWLEDGEMENT AND SIGNATURE

I understand the inclusion of my name on the Roster of Interpreters for Wisconsin means:

1. I am subject to the disciplinary policy established by the Wisconsin Director of State Courts Office for any conduct alleged to have been in violation of SCR 63: Code of Ethics for Court Interpreters.
2. If the state in which I reside does not have a continuing education requirement, I must comply with Wisconsin's CE requirement; or if the state in which I reside has a CE requirement, I must provide proof of compliance to the Wisconsin CIP.
3. I am required to maintain current contact information with the Wisconsin CIP.
4. I authorize the Wisconsin CIP to perform a background check prior to reciprocity approval.
5. I acknowledge that I am not an employee of the Wisconsin Court System.
6. I affirm that the information provided on this form is true and accurate to the best of my knowledge and memory.

Signature:

Date: