

REQUEST FOR INTEPRRETER

County of _____, _____ Court, Judicial Circuit No. _____

LANGUAGE: ASL Spanish Other: _____

MATTER TYPE: Hearing Trial Other: _____

CASE TYPE: Custody Divorce Other: _____

CASE NO: _____

DATE(S) NEEDED: _____

HEARING TIME/PREFERENCE: _____

(Please bear in mind that we must coordinate with interpreter’s schedules)

ESTIMATED DURATION: _____

INTERPRETER APPEARS: Courtroom #____ Room _____ Floor_____

INTERPRETER’S COURTROOM CONTACT: _____

LEP SURNAME _____ LEP FIRST NAME _____

LEP PERSON IS Witness Plaintiff Defendant Other _____

ATTORNEYS’ NAMES: _____

DATE REQUEST SUBMITTED: _____

REQUIESTED BY _____

REQUESTOR E-MAIL _____

REQUESTOR PHONE NO. _____

When interpreter has been scheduled, please confirm by either telephone or e-mail.

For Office Use Only

Interpreter scheduled: _____

Time: _____

Interpreter Indicator listed in Case Management System/Case File: _____