

In the Court of Common Pleas of Schuylkill County

_____ : Case number: _____
Plaintiff/Petitioner :
:
vs. :
:
_____ :
Defendant/Respondent :

Interpreter Request Form – CIVIL/FAMILY

Interpreter services are hereby requested in the above captioned matter as follows:

Hearing Date: _____ Time: _____ Courtroom: _____
Anticipated Length of Hearing: _____

Location: _____ Type of case: _____

Name of person requiring the interpreter: _____

Relationship to case: [] Defendant/Respondent [] Plaintiff/Petitioner [] Witness [] Child
[] Parent/Person in loco parentis [] other: _____

Language (choose foreign or deaf and provide requested information):

[] Foreign language spoken: _____ Dialect (if applicable): _____

[] Deaf/hard of hearing: [] American Sign Language [] other non-ASL type: _____

Country of origin: _____ Region/Province (if known): _____

Please give a brief description of any particular condition which may affect or limit the communication skills of the person for whom the interpreter is requested:

Print Requester's Name Phone Date

Requestor's Title