

In the Court of Common Pleas of Schuylkill County

Commonwealth of Pennsylvania : Case number: _____
: vs. :
: :
_____ :
Defendant :

Interpreter Request Form - CRIMINAL

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