

**Schuylkill County Court of Common Pleas  
Commonwealth of Pennsylvania  
Magisterial District Court No. \_\_\_\_\_ of Schuylkill County**

\_\_\_\_\_ : Case number: \_\_\_\_\_  
:   
vs. :   
:   
\_\_\_\_\_ :   
:

**Interpreter Request Form – MAGISTERIAL DISTRICT JUDGE**

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

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Anticipated Length of Hearing: \_\_\_\_\_

MDJ Court Address: \_\_\_\_\_

Type of case: \_\_\_\_\_

Name of person requiring the interpreter: \_\_\_\_\_

Relationship to case: 1. Criminal:  Defendant  Victim  Witness  Juvenile

Parent  other: \_\_\_\_\_

2. Civil:  Respondent/Defendant  Petitioner/Plaintiff  Witness

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

If any additional information is required – please contact the Court Administration office 570-628-1226.

Please fax form to 570-628-1108

9/30/2016