

REQUEST FOR INTERPRETER FORM

This request can also be made online at
CrtsIntrpReq@riverside.courts.ca.gov

Case Number: _____

Case Type: (Please check applicable boxes)

- | | | |
|---|---|--|
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Traffic | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Child Support Cases |
| <input type="checkbox"/> Family Law Domestic Violence | <input type="checkbox"/> Elder Abuse Physical/Neglect | <input type="checkbox"/> Civil Harassments with Violence |
| <input type="checkbox"/> Unlawful Detainers | <input type="checkbox"/> Termination of Parental Relationship –
Family Law | <input type="checkbox"/> Guardianship or Conservatorship |
| <input type="checkbox"/> Other: _____ | | |

Name of Person Needing Interpreter: _____

Requested by: Name: _____ Phone Number: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> District Attorney | <input type="checkbox"/> DPSS | <input type="checkbox"/> Juvenile Defense Counsel |
| <input type="checkbox"/> DA Advocate | <input type="checkbox"/> Probation | <input type="checkbox"/> Party on Case |
| <input type="checkbox"/> Defense Counsel | <input type="checkbox"/> County Counsel | <input type="checkbox"/> Other: _____ |

Date of Hearing: _____ Department: _____

Estimate of Time Interpreter Will Be Needed: _____

- Half Day (choose one): AM or PM Full Day On-call

Estimated Length of Hearing (HRS/DAYS): _____

Interpreter Request For:

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Defendant | <input type="checkbox"/> Defense Witness | <input type="checkbox"/> District Attorney Witness |
| <input type="checkbox"/> Minor | <input type="checkbox"/> Parents/Guardian | <input type="checkbox"/> Party on Case |

Language Being Requested: (A minimum 48 hours needed for a Spanish and Sign Language Interpreter and 5 days for all other languages (Local Rule 1025).)

- | | | | |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Eastern or | <input type="checkbox"/> Western Armenian |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Hungarian | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Lao | <input type="checkbox"/> Mandarin/Chinese | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Q'anjob'al (K'anjob'al) |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Samoan | | |
| <input type="checkbox"/> Spanish (Any trial requiring a Spanish interpreter lasting 1 day or more will need to be requested in advance in order to have an interpreter assigned to your trial.) | | | |
| <input type="checkbox"/> Tagalog | <input type="checkbox"/> Thai | <input type="checkbox"/> Tongon | |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Dactylology (Finger Spelling) | | |
| <input type="checkbox"/> OTHER: _____ (If requesting a rare language, please include country or region if known.) Country/Region: _____ | | | |

If the above hearing date is continued or taken off calendar, please cancel the request with the Courtroom Assistant or Court Services Coordinator no less than 24 hours in advance. If the attorney cancels the request for an interpreter less than 24 hours in advance of the hearing date, the attorney who requested the interpreter shall pay the cost incurred by the Court for the interpreter.

Note: If you are in need of an American Sign Language Interpreter please complete the Judicial Council MC-410 Request for Accommodations by Persons with Disabilities and Response form.