

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar Number and Address</i> )   TELEPHONE NO: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY     CASE NUMBER: _____
<input type="checkbox"/> PEOPLE OF THE STATE OF CALIFORNIA <input type="checkbox"/> PLAINTIFF/PETITIONER:  vs.  DEFENDANT/RESPONDENT: _____	
<b>REQUEST FOR AN INTERPRETER</b>	

**1. Case Type (*Please check applicable box*):**

- |   |  |  |
|---|--|--|
| <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 Case              |
| <input type="checkbox"/> Family Law Domestic Violence | <input type="checkbox"/> Elder Abuse                                       | <input type="checkbox"/> Civil Harassment                |
| <input type="checkbox"/> Unlawful Detainer            | <input type="checkbox"/> Termination of Parental Relationship – Family Law | <input type="checkbox"/> Guardianship or Conservatorship |
| <input type="checkbox"/> Other: _____                 |  |  |

**2. Name of person needing an interpreter:** \_\_\_\_\_

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Defendant | <input type="checkbox"/> Plaintiff       | <input type="checkbox"/> Witness for: _____ |
| <input type="checkbox"/> Minor     | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Party on Case      |

Requested by:

- |  |   |   |
|--|---|---|
| <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: _____             |

**3. Date of Hearing:** \_\_\_\_\_ **Dept:** \_\_\_\_\_ **Estimate of time interpreter will be needed:** \_\_\_\_\_

- Half Day (*choose one*):  AM - 8 to 12  PM - 1 to 5  Full Day - 8 to 5  On-call - Any time  
 Estimated Length of Hearing (HRS/DAYS): \_\_\_\_\_

**4. Language being requested: (*A minimum of 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"/> German            | <input type="checkbox"/> Lao                     | <input type="checkbox"/> Russian    |
| <input type="checkbox"/> Armenian East  | <input type="checkbox"/> Hungarian         | <input type="checkbox"/> Mandarin/Chinese        | <input type="checkbox"/> Samoan     |
| <input type="checkbox"/> Armenian West  | <input type="checkbox"/> Indonesian        | <input type="checkbox"/> Portuguese              | <input type="checkbox"/> Spanish*   |
| <input type="checkbox"/> Cantonese  | <input type="checkbox"/> Japanese          | <input type="checkbox"/> Punjabi                 | <input type="checkbox"/> Tagalog    |
| <input type="checkbox"/> Farsi  | <input type="checkbox"/> Khmer (Cambodian) | <input type="checkbox"/> Q'anjob'al (K'anjob'al) | <input type="checkbox"/> Thai       |
| <input type="checkbox"/> French   | <input type="checkbox"/> Korean            | <input type="checkbox"/> Romanian                | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other: _____ (If requesting a language not listed above, please include country or region if known.) Country/Region: _____ |  |  |                                     |

\* Requests for an assigned Spanish interpreter to trials lasting one day or more must be made in advance.

**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:** Please complete Judicial Council form MC-410 *Request for Accommodations by Persons with Disabilities and Response* if you need an American Sign Language interpreter.