

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
<input type="checkbox"/> PEOPLE OF THE STATE OF CALIFORNIA <input type="checkbox"/> PLAINTIFF/PETITIONER: _____	CASE NUMBER: _____
vs. DEFENDANT/RESPONDENT: _____	
REQUEST FOR AN INTERPRETER	

1. 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: _____ | | |

2. Name of Person Needing 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: _____ Est. of Time Interpreter Will Be Needed: _____

- Half Day (*choose either*): AM or PM Full Day On-call
- 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"/> Armendian East | <input type="checkbox"/> Armenian West | <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"/> Khmer (Cambodian) | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Lao | <input type="checkbox"/> Mandarin/Chinese | <input type="checkbox"/> Portugese | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Q'anjob'al (K'anjob'al) | <input type="checkbox"/> Romanian | <input type="checkbox"/> Russian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Spanish* | <input type="checkbox"/> Tagolog | <input type="checkbox"/> Thai | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other: _____ (If requesting a rare language, please include country or region if known.) Country/Region: _____ | | | |

* 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.)

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.