



**INTERPRETER REQUEST FORM**

- ❖ FAILURE TO SUBMIT AT LEAST **48 HOURS\*** IN ADVANCE **MAY** RESULT IN A CONTINUANCE. **A new form must be submitted.** (*\*an exception is made in cases like Prelims, rushes, etc.*)
- ❖ THE COORDINATOR & AGENCIES **CANNOT** TELL YOU WHEN INTERPRETERS WILL BE AVAILABLE.
- ❖ YOU MAY CONTACT THE COORDINATOR TO INQUIRE ON THE STATUS OF YOUR REQUEST @ [Perla.Martinez@fccourts.org](mailto:Perla.Martinez@fccourts.org) or by phone **614-525-4463**.
- ❖ FOR OFFICE/HOME VISITS ~ NAME, CELL PHONE NUMBER OF COURT STAFF, ATTORNEY, DOCTOR, ETC. MUST BE INCLUDED.

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LANGUAGE NEEDED: \_\_\_\_\_ TOTAL NEEDED: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

**Defendant / Plaintiff / Parents / Witness / Victim or party that needs the interpreter:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

DATE NEEDED: \_\_\_\_\_ TIME NEEDED: \_\_\_\_\_:

LOCATION OF SERVICES: \_\_\_\_\_

In person \_\_\_\_\_ Zoom \_\_\_\_\_ (Meeting ID: \_\_\_\_\_ Password: \_\_\_\_\_)

JUDGE, MAGISTRATE, COURT STAFF IN CHARGE OF SESSION: \_\_\_\_\_

PURPOSE & ESTIMATED LENGTH OF SESSION: \_\_\_\_\_

(**Note:** Any hearing lasting longer than 2 hours needs to have **two interpreters per party**)

**CONTACT FOR QUESTIONS:** \_\_\_\_\_ Telephone No. \_\_\_\_\_

DATE SERVICE REQUESTED: \_\_\_\_\_

**Comments / Special needs:** \_\_\_\_\_