

In the Court of Common Pleas of \_\_\_\_\_ County

Commonwealth of Pennsylvania

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:  
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Case number: \_\_\_\_\_

vs.

\_\_\_\_\_  
Defendant

**Interpreter Request Notice – Criminal**

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

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom: \_\_\_\_\_

Hearing type: \_\_\_\_\_

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

Relationship to case:  Defendant  Victim  Witness  Juvenile

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 educational, physical, mental or other particular condition which may affect or limit the communication of the person for whom the interpreter is requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Requestor's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Title