

In the Court of Common Pleas of _____ County

Commonwealth of Pennsylvania

:
:
:
:
:
:

Case number: _____

Vs.

Defendant

Interpreter Request Notice – Criminal

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

Hearing Date: _____ Time: _____ Courtroom/Office: _____

Address/Location: _____

Proceeding type (*Select all that apply*):

Jury trial Bench trial Preliminary Hearing Plea Sentencing Motion Status

Arraignment ARD VOP PCRA Private Criminal Complaint Summary

Drug/Veteran's/Mental Health Court Community Court other: _____

Name of person (LEP) needing the interpreter: _____

LEP relationship to case: Defendant Complainant Victim Witness Juvenile

Parent/Person *in loco parentis* other: _____

Language (*Select foreign or sign language and provide all requested information*):

Foreign language: Language spoken: _____ Dialect (if applicable): _____

Sign language: American Sign Language other non-ASL: _____

Foreign sign language (country): _____

Country of origin: _____ Region/Province (if known): _____

Does the LEP speak a second language? Yes No Other language: _____

Please provide additional information about the communication preferences of the limited English speaker.

Print Requestor's Name

Date

Phone

Requestor's Signature

Title

E-mail