

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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO STREET ADDRESS: 600 Union Avenue 580 Texas Street 321 Tuolumne Street MAILING ADDRESS: PO Caller 5000 CITY AND ZIP CODE: Fairfield, CA 94533 Fairfield, CA 94533 Vallejo, CA 94590	
CASE NAME: _____	
REQUEST FOR INTERPRETER	CASE NUMBER: _____

1. My name is: _____

2. I have a hearing as follows:
 Date: _____ Time: _____
 Department: _____

3. I need an interpreter at the hearing to translate the following spoken* language:

<input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic	<input type="checkbox"/> Portuguese
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Tagalog	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Other: _____

***Notice**
 A court interpreter will not translate written documents at a hearing.

4. The interpreter is for a party to the case a witness.** (***Fees payable to the court may apply.*)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Signature of Declarant

The Area Below is For Court Use Only

- | | | |
|--|--|--|
| <input type="checkbox"/> CH —Civil harassment with violence, threats of violence, or stalking [1]
<input type="checkbox"/> CI —Civil harassment [6/FW]
<input type="checkbox"/> CO —All other civil cases [8/FW]
<input type="checkbox"/> DP —Juvenile dependency [M]
<input type="checkbox"/> DQ —Juvenile delinquency [M]
<input type="checkbox"/> DR —Drug court [M]
<input type="checkbox"/> DV —Domestic violence alone [1]
<input type="checkbox"/> EA —Elder/dependent adult abuse <u>with</u> physical abuse or neglect [1]
<input type="checkbox"/> EF —All other elder/dependent adult abuse [6/FW] | <input type="checkbox"/> F —Felony [M]
<input type="checkbox"/> FC —Child support [7/FW]
<input type="checkbox"/> FD —Domestic violence in existing FL case [1]
<input type="checkbox"/> FO —All other family law [7/FW]
<input type="checkbox"/> FT —Termination of parental rights [3/FW]
<input type="checkbox"/> FV —Custody and visitation [5/FW]
<input type="checkbox"/> I —Infraction [M]
<input type="checkbox"/> M —Misdemeanor [M] | <input type="checkbox"/> MH —Mental competency [M]
<input type="checkbox"/> PG —Conservatorship & guardianship [4/FW]
<input type="checkbox"/> PO —All other probate [8/FW]
<input type="checkbox"/> T —Traffic [M]
<input type="checkbox"/> UD —Unlawful detainer [2]
<input type="checkbox"/> Other: _____

<input type="checkbox"/> No code |
|--|--|--|

Fee waiver on file Sent to Court Interpreter's Office _____

REQUEST FOR INTERPRETER