

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

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>CH</b> —Civil harassment with violence, threats of violence, or stalking [1]<br><input type="checkbox"/> <b>CI</b> —Civil harassment [6/FW]<br><input type="checkbox"/> <b>CO</b> —All other civil cases [8/FW]<br><input type="checkbox"/> <b>DP</b> —Juvenile dependency [M]<br><input type="checkbox"/> <b>DQ</b> —Juvenile delinquency [M]<br><input type="checkbox"/> <b>DR</b> —Drug court [M]<br><input type="checkbox"/> <b>DV</b> —Domestic violence alone [1]<br><input type="checkbox"/> <b>EA</b> —Elder/dependent adult abuse <u>with</u> physical abuse or neglect [1]<br><input type="checkbox"/> <b>EF</b> —All other elder/dependent adult abuse [6/FW] | <input type="checkbox"/> <b>F</b> —Felony [M]<br><input type="checkbox"/> <b>FC</b> —Child support [7/FW]<br><input type="checkbox"/> <b>FD</b> —Domestic violence in existing FL case [1]<br><input type="checkbox"/> <b>FO</b> —All other family law [7/FW]<br><input type="checkbox"/> <b>FT</b> —Termination of parental rights [3/FW]<br><input type="checkbox"/> <b>FV</b> —Custody and visitation [5/FW]<br><input type="checkbox"/> <b>I</b> —Infraction [M]<br><input type="checkbox"/> <b>M</b> —Misdemeanor [M] | <input type="checkbox"/> <b>MH</b> —Mental competency [M]<br><input type="checkbox"/> <b>PG</b> —Conservatorship & guardianship [4/FW]<br><input type="checkbox"/> <b>PO</b> —All other probate [8/FW]<br><input type="checkbox"/> <b>T</b> —Traffic [M]<br><input type="checkbox"/> <b>UD</b> —Unlawful detainer [2]<br><input type="checkbox"/> Other: _____<br>_____<br>_____<br><input type="checkbox"/> No code |
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- Fee waiver on file                       Sent to Court Interpreter's Office \_\_\_\_\_

**REQUEST FOR INTERPRETER**