

INTERPRETER REQUEST NOTICE

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

Case Name: _____

Docket Number: _____

Date of Court Proceeding: _____ **Time:** _____ **Location:** Courthouse MDJ Judy
 MDJ J. Lenker MDJ K. Lenker MDJ Pianka MDJ O’Leary MDJ P. Zozos MDJ H. Johnson
 MDJ Lindsay MDJ Smith MDJ Margerum MDJ G. Johnson MDJ McKnight MDJ Wenner
 MDJ Pelino MDJ Witmer Night Court Central Court Children & Youth Juvenile Justice
Center Schaffner Youth Center
Or, Virtual call information _____

Type of case: Criminal Civil Family Juvenile PFA Mental Health
 Other _____

Estimated length of proceeding: _____

Name of Judge, Hearing Officer, Master or Conference Officer: _____

Name of person requiring the interpreter: _____

Relationship to Case: Plaintiff/Petitioner Defendant/Respondent Victim Witness Juvenile
 Parent/Person *in loco parentis* Child

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 particular condition which may affect or limit the communication skills of the person for whom the interpreter is requested:

Attorney Name: _____ **Attorney email address:** _____

List criminal charges: _____

If the proceeding is a guilty plea, has the colloquy form been discussed? Yes No

Requestor’s Information:

Print Name Phone Email

Title Relationship to Person Requiring Interpreter

Email the completed form to interpreterrequest@dauphinc.org, or fax to (717) 780-6463 or mail to Language Access Coordinator, 3rd Floor Court Administration, Dauphin County Courthouse, 101 Market Street, Harrisburg, PA 17101