

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

Commonwealth of Pennsylvania

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:  
:  
:  
:  
:

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