

**Commonwealth of Pennsylvania**  
**Magisterial District Court No. \_\_\_\_\_ of \_\_\_\_\_ County**

\_\_\_\_\_  
Vs. \_\_\_\_\_  
\_\_\_\_\_

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Case number: \_\_\_\_\_

**Interpreter Waiver Form**

Name of party waiving the services of an interpreter: \_\_\_\_\_  
*(Print name)*

Relationship to case:  Defendant/Respondent     Plaintiff/Petitioner     Witness     Victim  
*(Check one)*

Parent/Person *in loco parentis*     Other: \_\_\_\_\_

Primary language spoken: \_\_\_\_\_    Secondary language: \_\_\_\_\_

I, the undersigned, have been advised by the court of my right to have an interpreter present, at no cost to me, for the duration of this court proceeding to assist me in fully participating and understanding the proceeding.

Through the services of the interpreter provided by the court (pursuant to 204 Pa. Code § 221.105), I hereby knowingly, voluntarily, and intelligently choose to waive my right to have an interpreter present to assist me during these proceedings.

I understand that if, at any time during the proceeding, I need an interpreter, one will be provided if I ask the court for an interpreter.

\_\_\_\_\_  
Signature of party waiving the interpreter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Counsel for party waiving the interpreter  
*(If applicable)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Magisterial District Judge

\_\_\_\_\_  
Date

<b>Must be Completed by Court Staff</b>
Interpreter Name/Agency Used: _____
Interpreter Service Mode: <input type="checkbox"/> In Person <input type="checkbox"/> Video Remote <input type="checkbox"/> Telephone