|  |  |  |
| --- | --- | --- |
| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** | |  |
|  | Interpreter Request |
| Case No. |

1.

|  |  |  |
| --- | --- | --- |
| Name of Person Requesting Interpreter | | Address |
| Telephone/TTY Number | Date Request Submitted |

2. The person who needs the interpreter is a

party.  witness who is testifying.  victim.  Other:

3. The interpreter will be needed

on [Date]       at [Time]        a.m.  p.m.

for all proceedings related to this case.

4. The language needed is

Spanish  German  Portuguese

Hmong  Hindi  Punjabi

Albanian  Italian  Russian

Arabic  Japanese  Somali

Bosnian/Croatian /Serbian  Khmer  Thai

Bulgarian  Korean  Tibetan

Chinese-Cantonese  Lao  Urdu

Chinese-Mandarin  Mai-Mai/Bantu  Vietnamese

French  Polish

|  |
| --- |
| Other: (Specify dialect) |

*(Complete the following, if different from number 1 above.)*

5. Name of person completing this request:

Telephone/TTY Number:

Mailing Address:

**IT IS ORDERED:**

This interpreter request is approved for  all court proceedings.  Other:

|  |
| --- |
| This interpreter request is denied because: |

**BY THE COURT:**

|  |  |
| --- | --- |
| Distribution:  1. Judge  2. Clerk of Court  3. Attorney/Party  4. Other: | Court Official    Title (Print or Type Name if not eSigned)    Date |