



**CUYAHOGA COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS**

INTERPRETER REQUEST FORM

I request the assistance of an interpreter in the pending court proceedings so that I can fully participate in this case.

Name of person needing interpreter: _____
Person needing interpreter is: party witness other (explain) _____
Date of Request: _____

Spoken language needed:

<input type="checkbox"/> Arabic	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Burmese	<input type="checkbox"/> Mon
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Nepali
<input type="checkbox"/> Hindi	<input type="checkbox"/> Spanish
<input type="checkbox"/> Hmong	<input type="checkbox"/> Taiwanese
<input type="checkbox"/> Karen	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Korean	<input type="checkbox"/> Other _____

Country where language is spoken: _____
Province/Region and Dialect where language is spoken _____

Interpretation Method/Services needed for deaf and hard-of-hearing persons:

<input type="checkbox"/> American Sign Language (ASL)	<input type="checkbox"/> Oral Transliteration
<input type="checkbox"/> Signed Exact English (SEE)	<input type="checkbox"/> Certified Deaf Interpreter (CDI)
<input type="checkbox"/> Cued Language Transliteration	<input type="checkbox"/> Speech-to-Text/Real Time Captioning (CART)
<input type="checkbox"/> Assistive Listening	<input type="checkbox"/> Other accommodation _____

Case Name: _____

SIGNATURE

Case Number: _____

STREET ADDRESS

Date of Court Proceeding: _____

CITY, STATE, ZIP CODE

Judge/Magistrate: _____

DAYTIME TELEPHONE NUMBER

CELL PHONE NUMBER

EMAIL ADDRESS

THIS FORM SHOULD BE PROVIDED TO THE COURT AT LEAST 72 HOURS IN ADVANCE OF THE DATE REQUIRED. FAILURE TO DO SO MAY CAUSE THE CASE TO BE RESCHEDULED TO A LATER DATE TO OBTAIN A QUALIFIED INTERPRETER.

Return this form to the Language Access Coordinator, Room 58, through the Court's website, in person, or by fax at (216) 348-3872.