Commonwealth of Pennsylvania Magisterial District Court No. _____ of ____ County Case number: VS. Interpreter Request Notice – Magisterial District Judge Interpreter services are hereby requested in the above captioned matter as follows: Hearing Date: _____ Time: ____ Courtroom: ____ Location ____ MDJ Court Address: Type of case: Name of person requiring the interpreter: Relationship to case: 1. Criminal: Defendant ☐ Victim Witness ☐ Juvenile Parent other: Petitioner/Plaintiff Witness Respondent/Defendant 2. Civil: ☐ Parent/Person in loco parentis ☐ other: 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: Phone Print Requestor's Name Date Title Requestor's Signature

| In | the Court of Common Pleas | s of | | _ County | |
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| Commonwealth of Penns | sylvania | : | Case number: | · · | |
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| VS. | | : | | | |
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| Defendant | | : | | | |
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| | Interpreter Reque | est Notice | – Criminal | | |
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| Hearing Date: | Ti | ime: | · · · · · · · · · · · · · · · · · · · | Courtroom: | |
| Location: | | · · | Type of case: _ | | |
| Name of person requiring | g the interpreter: | | | | |
| Relationship to case: | Defendant 🗌 Victim 🗀 |] Witness | ☐ Juvenile | | |
| | Parent/Person in loco parenti | is 🗌 oth | er: | | |
| Language (choose foreig | n or deaf and provide request | ted informa | tion): | | |
| ☐ Foreign langua | age spoken: | | _ Dialect (if ap | plicable): | |
| ☐ Deaf/hard of h | earing: American Sign | n Language | other non- | ASL type: | |
| Country of origin: | | Regio | n/Province (if | known): | |
| Please give a brief descri the person for whom the | iption of any particular condit interpreter is requested: | ion which n | nay affect or lin | mit the communication | skills of |
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| Plaintiff/Petitioner | . : | Case number: | | | |
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| Defendant/Respondent | : | | • | | |
| Dolonaum respondent | | | | | |
| Interpreter Reque | est Notice – | Civil/Family | | | |
| Interpreter services are hereby requested in the above | e captioned m | atter as follows: | | | |
| Hearing Date: | Time: | Courtroom: | _ | | |
| Location: | Type of case: | | | | |
| Name of person requiring the interpreter: | | | | | |
| Relationship to case: Defendant/Respondent | ☐ Plaintiff/Pe | etitioner | | | |
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| Language (choose foreign or deaf and provide reque | • | | | | |
| Foreign language spoken: | | Dialect (if applicable): | | | |
| ☐ Deaf/hard of hearing: ☐ American Si | | | | | |
| Country of origin: | Region | n/Province (if known): | | | |
| Please give a brief description of any particular condithe person for whom the interpreter is requested: | lition which m | nay affect or limit the communication ski | ills of | | |
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| Print Requestor's Name | Phone | Date | | | |
| Requestor's Signature | Title | | | | |