

\_\_\_\_\_  
 vs.  
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Case number: \_\_\_\_\_

**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: \_\_\_\_\_

2. Civil:                 Respondent/Defendant     Petitioner/Plaintiff     Witness  
     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:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Print Requestor's Name

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Requestor's Signature

\_\_\_\_\_  
 Title

Commonwealth of Pennsylvania

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

vs.

\_\_\_\_\_  
Defendant

**Interpreter Request Notice – Criminal**

Interpreter services are hereby requested in the above captioned matter as follows:

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom: \_\_\_\_\_

Location: \_\_\_\_\_ Type of case: \_\_\_\_\_

Name of person requiring the interpreter: \_\_\_\_\_

Relationship to case:  Defendant  Victim  Witness  Juvenile

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Requestor's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Plaintiff/Petitioner

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

vs.

\_\_\_\_\_  
Defendant/Respondent

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**Interpreter Request Notice – Civil/Family**

Interpreter services are hereby requested in the above captioned matter as follows:

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom: \_\_\_\_\_

Location: \_\_\_\_\_ Type of case: \_\_\_\_\_

Name of person requiring the interpreter: \_\_\_\_\_

Relationship to case:  Defendant/Respondent  Plaintiff/Petitioner  Witness  Child

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Requestor's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Title