

In the Court of Common Pleas of ARMSTRONG County

\_\_\_\_\_  
Plaintiff/Petitioner : Case number: \_\_\_\_\_  
: :  
vs. : :  
: :  
\_\_\_\_\_  
Defendant/Respondent :

**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

In the Court of Common Pleas of ARMSTRONG County

Commonwealth of Pennsylvania

:  
:  
:  
:  
:  
:  
:

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