In the Court of Cor	nmon Pleas of	County
Plaintiff/Petitioner	: : C	ase number:
VS.	:	
	:	
Defendant/Respondent	: :	
Interprete	er Request Notice – Ci	vil/Family
Interpreter services are hereby requested in	the above captioned matte	er as follows:
Hearing Date:	Time:	Courtroom:
Location:	Type of case:	
Name of person requiring the interpreter: _		
Relationship to case: Defendant/Respo	ondent Plaintiff/Petiti	oner
☐ Parent/Person in	loco parentis	
Language (choose foreign or deaf and pro	vide requested information):
Foreign language spoken:	D	ialect (if applicable):
☐ Deaf/hard of hearing: ☐ An	nerican Sign Language	other non-ASL type:
Country of origin:	Region/P	rovince (if known):
Please give a brief description of any particular the person for whom the interpreter is required.		affect or limit the communication skills of
Print Requestor's Name	Phone	Date
Requestor's Signature	Title	

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