

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	REQUEST & ORDER FOR AN INTERPRETER	<i>For Court Use Only</i>
Instructions ▼ Enter above the county name where this case was filed. Enter the name of the person or company that filed this case as Plaintiff/Petitioner. Enter the name of the Defendant/Respondent. Enter the Case Number given by the Circuit Clerk.	_____ Plaintiff / Petitioner <i>(First, middle, last name)</i> v. _____ Defendant / Respondent <i>(First, middle, last name)</i>	_____ Case Number

REQUEST FOR INTERPRETER

<p>In 1a, enter the name of the person who needs a foreign language or sign language interpreter.</p>
<p>In 1b, enter the address of the person who needs an interpreter. Do not complete 1b if your information is protected because of domestic violence or abuse.</p>
<p>In 1c, enter the phone number of the person who needs an interpreter. Do not complete 1c if your information is protected because of domestic violence or abuse.</p>
<p>In 1d, check the box that explains how the person is involved with this court case. For a witness or victim, enter the dates they will be in court and need an interpreter.</p>
<p>In 2a, enter the name of the person filling out this form if they are not the same person who needs an interpreter.</p>

1. Person who needs an interpreter:

- a. Name: _____

First
Middle
Last

- b. Address: _____

Street, Apt #
City
State
ZIP

- c. Phone: _____

- d. The person who needs an interpreter is: *(choose one)*
 - a party who will need an interpreter for all court dates.
 - a person who brings or defends a case on behalf of a minor or adult disabled party for all court dates.
 - a parent/legal guardian of a minor party or minor victim who will need an interpreter for all court dates.
 - a parent/legal guardian of a disabled adult party who will need an interpreter for all court dates.
 - a witness who is testifying on: _____ Court Date & Time: _____
 - a victim in court on: _____ Court Date & Time: _____
 - a juror (sign language only) in court on: _____ Court Date & Time: _____
 - a spectator (sign language only) in court on: _____ Court Date & Time: _____

2. Person completing this form: *(complete only if different than the person who needs the interpreter)*

- a. Name: _____

First
Middle
Last

In **2b**, enter the address of the person filling out this form.
Do not complete **2b** if your information is protected because of domestic violence or abuse.

b. Address: _____
Street, Apt# *City* *State* *ZIP*

In **2c**, enter the phone number of the person filling out this form.
Do not complete **2c** if your information is protected because of domestic violence or abuse.

c. Phone: _____

In **3**, check the box of the language needed.
If the language is not listed, check "Other" and enter the language.

3. Language needed: (select one)

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Dinka | <input type="checkbox"/> Kirundi | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Serbo-Croatian |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> French | <input type="checkbox"/> Kunama | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> German | <input type="checkbox"/> Laotian | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Greek | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Macedonian | <input type="checkbox"/> Telugu |
| <input type="checkbox"/> Assyrian | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Mongolian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Nepali | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Persian | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Polish | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Chinese-Mandarin | <input type="checkbox"/> Italian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Chinese-Cantonese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Karen | <input type="checkbox"/> Romanian | <input type="checkbox"/> Yoruba |
| <input type="checkbox"/> OTHER: _____ | | | |

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

I certify that everything in the *Request & Order For An Interpreter* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

After you finish this form, sign and print your name.

Your Signature

Print Your Name

ORDER FOR INTERPRETER

DO NOT check any boxes below this point. The judge will check the correct boxes at the hearing.

IT IS ORDERED:

- The *Request for an Interpreter* is APPROVED.
- The *Request for an Interpreter* is DENIED.

ENTERED:

DO NOT complete this section. The judge will sign and date here.

Judge

Date