

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	REQUEST & ORDER FOR AN INTERPRETER	For Court Use Only
Instructions ▼	_____ Plaintiff / Petitioner (<i>First, middle, last name</i>) v. _____ Defendant / Respondent (<i>First, middle, last name</i>)	
Directly above, enter the name of the county where the 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.	_____ Case Number	

REQUEST FOR INTERPRETER

In 1a , enter the name of the person who needs a foreign language or sign language interpreter.
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.
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.
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.
In 2a , enter the name of the person filling out this form if they are not the same person who needs an interpreter.

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.

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.

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

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.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

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

c. Phone: _____

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: _____ | | | |

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](#).

/s/ _____
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*