

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*