

**STATE OF ILLINOIS
 CIRCUIT, APPELLATE, OR SUPREME COURT
 REQUEST FOR INTERPRETER**



1. Person who needs an interpreter:

- a. Name: _____
First Middle Last
- b. Address: _____
Street, Apt # City State ZIP
- c. Phone: _____ Email: _____
- d. Case number (listed in upper right corner of court documents): _____
- e. 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
- b. Address: _____
Street, Apt # City State ZIP
- c. Phone: _____ Email: _____

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: _____ | | | |

_____ /s/ _____
 Date Your Signature Print Your Name

Turn in this form into the Office of Interpreter Services or give to the judge or court/clerk staff.