

**CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS
STATE OF LOUISIANA**

NO. **DIVISION**

VERSUS

REQUEST FOR INTERPRETER AND ORDER

Name of Individual Needing Interpreter: _____

This person is: _____ Witness _____ Party _____ Other: _____

Name of person submitting request: _____

Telephone number of person submitting request: _____

Address of person submitting request: _____

If the person submitting request is not the individual in need of an interpreter, please state your relationship (i.e., attorney, party, etc.) _____

Address and telephone number of individual needing interpreter (if different from person submitting request) _____
Address

Telephone

Judge presiding in case (choose from dropdown): _____

1. Type of proceeding: Civil

2. Proceedings to be covered (e.g. bail hearing, sentencing hearing, trial, etc.):

3. Dates interpreter needed (specify): _____

Time Interpreter Needed: _____

4. Reason for requesting interpreter:

5. Type of interpreter needed:

___ Language

___ French

___ Spanish

___ Vietnamese

___ Other: _____

Deaf/Hearing Impaired
 Sign Language
 Other: _____

6. Special requests or anticipated problems (specify):

I declare under penalty of perjury under the laws of the State of Louisiana that the foregoing is true and correct.

(Date) (Signature of Person Submitting Application)

(Type or Print Name)

(Signature of Individual Needing Interpreter)

(Type or Print Name)

(Date) (Signature of Judge)