

**APPENDIX 5.1B  
REQUEST FOR INTERPRETER AND ORDER**

\_\_\_\_\_  
JUDICIAL DISTRICT COURT  
DOCKET NO. \_\_\_\_\_  
\_\_\_\_\_  
VERSUS \_\_\_\_\_  
\_\_\_\_\_  
PARISH OF \_\_\_\_\_  
STATE OF LOUISIANA

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**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) \_\_\_\_\_

Judge presiding in case: \_\_\_\_\_

1. Type of proceeding: \_\_\_ Criminal \_\_\_ Civil
2. Proceedings to be covered (e.g. bail hearing, sentencing hearing, trial, etc.): \_\_\_\_\_  
\_\_\_\_\_
3. Dates interpreter needed (specify): \_\_\_\_\_
4. Reason for requesting interpreter: \_\_\_\_\_  
\_\_\_\_\_

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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)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Judge)