

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

**Interpreter Request**

Case No. \_\_\_\_\_

This form is also available in Spanish. <https://www.wicourts.gov/forms1/circuit/index.htm>.  
*Este formulario está disponible en español.*

**Form must be completed in the English language.**

1.	Name of Person Requesting Interpreter	Address	
	Telephone/TTY Number	Date Request Submitted	

2. The person who needs the interpreter is a  
 party.  witness who is testifying.  victim.  Other: \_\_\_\_\_

3. The interpreter will be needed  
 on [Date] \_\_\_\_\_ at [Time] \_\_\_\_\_  a.m.  p.m.  
 for all proceedings related to this case.

4. The language needed is

<input type="checkbox"/> Spanish	<input type="checkbox"/> German	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Hmong	<input type="checkbox"/> Hindi	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Albanian	<input type="checkbox"/> Italian	<input type="checkbox"/> Russian
<input type="checkbox"/> Arabic	<input type="checkbox"/> Japanese	<input type="checkbox"/> Somali
<input type="checkbox"/> Bosnian/Croatian /Serbian	<input type="checkbox"/> Khmer	<input type="checkbox"/> Thai
<input type="checkbox"/> Bulgarian	<input type="checkbox"/> Korean	<input type="checkbox"/> Tibetan
<input type="checkbox"/> Chinese-Cantonese	<input type="checkbox"/> Lao	<input type="checkbox"/> Urdu
<input type="checkbox"/> Chinese-Mandarin	<input type="checkbox"/> Mai-Mai/Bantu	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> French	<input type="checkbox"/> Polish	
<input type="checkbox"/> Other: (Specify dialect) _____		

(Complete the following, if different from number 1 above.)

5. Name of person completing this request: \_\_\_\_\_ Telephone/TTY Number: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**IT IS ORDERED:**

This interpreter request is

**approved** for  all court proceedings.  Other: \_\_\_\_\_  
 **denied** because: \_\_\_\_\_

**DISTRIBUTION:**

1. Judge
2. Clerk of Court
3. Attorney/Party
4. Other: \_\_\_\_\_