***Instructions: Complete ALL fields and submit with payment to the address listed at the bottom.***

2017 Court Interpreter Orientation Application

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| **Personal Information** | | | | | | | | | | | | | | | | | |
| Mr. Mrs.  Ms. | | | | First Name: | |  | | | | Last Name: | |  | | | | | |
| Address: | |  | | | | | | | | | | Date of Birth: | | |  | |
| *Street City, State Zip Code* | | | | | | | | | | | |  | | | | | |
| Telephone: | | | (   ) | | | | This number is a: | | | | cell phone  work phone  home phone | | | | | | |
|  | | | *(include area code)* | | | |  | | | | | | | | | | |
| E-mail: |  | | | | | | | | | Agency (*if applicable*): | | |  | | | |
| Non-English language(s)  you interpret into: | | | | |  | | |  |  | | | | |  | |  |
| *Language 1* | | | | *Language 2* | | | | | | | *Language 3* |
| Judicial district(s) in which you are willing to work; for a map see: <http://www.wicourts.gov/courts/offices/map.htm>  All districts OR indicate specific districts:  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th | | | | | | | | | | | | | | | | | |

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| **Orientation Locations & Dates (c*heck the location you wish to attend*)** |
| **Milwaukee** | Sat. Mar. 25 & Sun. Mar. 26 | UW-Milwaukee | 2200 E Kenwood Blvd | Milwaukee 53201 |
| **Wisconsin Rapids** | Sat. June 24 & Sun. June 25 | Mead Conference Center | 451 E. Grand Ave| Wis. Rapids 54494  *\*For the Wisconsin Rapids training, a block of rooms has been reserved at the state rate at the Hotel Mead which is attached to the*  *Mead Conference Center. Please contact the hotel directly to arrange lodging at 715.423.1500.* |
| **Madison** | Sat. Sep. 23 & Sun. Sep. 24 | The Pyle Center | 702 Langdon St | Madison 53706 |
| Check this box if you have attended orientation in the past (*specify*):  *Year Location* |
| Lunches and breaks will be provided so indicate specific dietary needs:  None  Vegetarian  Vegan  Gluten-free  Other (*specify*.): |
| Check this box if you are applying for CEUs (*sign language interpreters only*).  This training has been approved for 1.3 CEUs or 13 contact hours with the Registry of Interpreters for the Deaf (RID) |

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| **Interpreting & Translating Experience (*check all that apply*)** | | | | |
| Do you currently provide interpreting services?  Yes  No | | | | If yes, indicate below the frequency and for whom: |
| Frequency:  Occasionally  Monthly  Weekly  Daily | | | | For whom**:**  Individual  Group |
| What kind of setting? (*check all that apply*) | Circuit court  Municipal court Federal court Law office  Admin. hearings  Police station  Jail/Prison  Hospital/Clinic  School  Business  Conference  Social services  Community  Other (*specify*): | | | |
| What type of interpretation? | | Simultaneous  Consecutive  Sight Translation  Conference | | |
| Do you currently provide translation services?  Yes  No | | | If yes, indicate below the type of documents: | |
| Type of documents:  Legal  Medical  Business  Technical  Other (*specify*): | | | | |

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| **Educational Degree or Legal or Interpreting Training** | | | | |
| **Institution/Organization** | **Location** | **Start Date** | **End Date** | **Area of Study/Degree/Training** |
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| **Other memberships, credentials, licenses, or certifications** | | |
| **Credential/License/Certificate/Membership** | **Month & Year Obtained** | **Sponsor/Agency/Association** |
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| **General Information** |
| How did you hear about Wisconsin’s court interpreter certification program?  Internet  Colleague/Friend/Family  Career panel  Educational institution  Press release  Other (*specify*): |
| Why are you interested in working as a court interpreter? |
| Would you be available to work for the Wisconsin courts on a regular basis?  Yes  No |

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| **Accommodation Request *(if applicable)*** | |
| **T** The Wisconsin Court System will provide reasonable accommodations to qualified individuals who request them. | |
| I am requesting a special accommodation because of a disability. | |
| Please describe the accommodation you are requesting: |  |
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| **How to Submit the Application and Payment** | |
| **Mail or hand-deliver the completed application with payment to:**  Director of State Courts Office of Court Operations  Attn. Court Interpreter Program  110 East Main Street, Suite #410  Madison, WI 53703-3328 / Fax: 608.267.0911 | **Payment of $195 must be made with:**  *- a check or money order payable to “Wisconsin Supreme Court”; OR*  *- cash (do not mail cash!); OR*  *- credit card, you must call the Court Interpreter Program directly at 608.266.8635 to pay using this method* |