WISCONSIN COURT INTERPRETER PROGRAM Application for 2023 Written Examination



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Instructions: Complete all fields below. Once we receive your application and payment, you will receive a confirmation notice via email with logistical information regarding the test location and details.

| PART I. A | PPLICANT | INFORMAT | ON | | | | | | | |
|--|---|--|---------------------|---------------|--------------------|--------------|-------------------|------------------------------|----------------|---------------|
| .ast Name: | | | | First N | ame: | | | | | |
| FILL THIS S | ECTION IF Y | OU NEED TO | UPDATE Y | OUR CONT | ACT IN | FORMA | TION, OTHE | RWISE | CONTINU | JE TO PART II |
| Street Address | s: | | | | | | | Apartment/Unit #: | | |
| City: | ' | | | | State: | | | Zip: | | |
| OOB: | B: E-mail A | | dress: | | | Agency (if a | | olicable) | : | |
| ork Phone: | | | Cell Phone: | | | | Home/Other Phone: | | | |
| | | | | | | | | | | |
| PART II. V | WRITTEN E | XAM LOCA | TION AND | DATE | | | | | | |
| Location | ocation. | | Date T | | ng Time | | Арі | Application and Fee Deadline | | |
| Madison | Madison | | April 21, 2023 | | 9:00 AM – 11:15 AM | | | April 14, 2023 | | |
| Madison | | Nover | November 10, 2023 9 | | 9:00 AM – 11:15 AM | | | Nov, 24 2021 | | |
| | | | | | | | | | | |
| ☐ This is t | he first time I | will take the very written exart the written exa | vritten exami | ination. I am | enclosir | ng a pay | ment of \$50 | or will p | ay by cred | |
| 1 st Attempt | Year: | ipts ii kilowii i | Loca | | tion: | | | | | |
| 2 nd Attempt | Year: | | Locat | | tion: | | | | | |
| 3 rd Attempt | Year: | | Locat | | tion: | | | | | |
| The Wiscon | nsin Court Sy | stem will prov | ide reasonal | ble accommo | dations | to quali | fied individua | ls who | request the | em. |
| Check t | | are requestin | g an accomr | modation bed | ause of | a disab | oility. Please o | lescribe | e the accon | nmodation you |
| | SUBMIT TH | | TION AND | PAYMENT | : This | applica | ntion form ar | nd fee o | of \$70 or \$ | FFO must be |
| | If you are paying by check or money order (MO): | | | | | | | | | poo must be |
| ▶ Make check or MO payable to Wisconsin Supreme Court ▶ Mail completed application with check or MO to: Office of Court Operations 110 East Main Street, Suite #410 Madison, WI 53703-3328 | | | | | | | If you are | paying b | by credit card | |