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## SIGN LANGUAGE & FOREIGN LANGUAGE INTERPRETER REQUEST FORM

**Please give at least two weeks notice for each request. Failure to provide notice adequately may cause case to be reset to a later date.**

**\*\*\* Please fill out and fax back to (210) 335-2843 as soon as possible \*\*\***

Today's Date: \_\_\_\_\_

Date Service Required: \_\_\_\_\_ Time: \_\_\_\_\_

Person Requesting Service: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Length of Service: \_\_\_\_\_

Cause Number: \_\_\_\_\_

Style of Case: \_\_\_\_\_

Court the case is set in: \_\_\_\_\_

Type of Hearing: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Attorney's Contact Number: \_\_\_\_\_

Deaf/Foreign: \_\_\_\_\_ Type of Language: \_\_\_\_\_

**If this setting is dropped or an agreement is reached between the parties in the above referenced cause, the party requesting the interpreter shall notify the Office of the Civil District Court Administration at (210) 335-2300 immediately.**

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### FOR ADMINISTRATIVE USE ONLY

Date Interpreter was contacted: \_\_\_\_\_ Confirmed: \_\_\_\_\_ Yes \_\_\_\_\_ No