

12th Judicial District Court
Parish of Avoyelles

INTERPRETER SERVICES REQUEST FORM

Date of Service Required: _____

Time: _____

Presiding Judge: _____
Criminal

Type of Hearing: ___ Civil ___

Docket No./Division: _____

Reason for Court: _____

Name of Individual Needing Interpreter: _____

Address: _____

Phone Number: _____

This person is a: ___ witness ___ Party ___ Other: _____

Incarcerated: ___ Yes ___ No

Type of Interpreter services requested:

___ Spanish ___ Vietnamese ___ French ___ American Sign Language

___ Other: _____

Requesting Party: _____ Telephone No.: _____

Address: _____

Relation to individual needing Interpreter: _____

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

This form must be submitted at least 10 days prior to the hearing date to the office of the Presiding Judge. Visit our website at www.12thjdc.org for the contact information.