

- Send this completed form to: [onsiterequests@languageline.com](mailto:onsiterequests@languageline.com)
- Same day/next day requests should be called in: 1-888-225-6056, Option 1.
- Fields with red star (\*) are required.

**Information for Interpreter Request**

Name of your company/organization *	
Client ID (if applicable)	
Requestor's name *	
Requestor's phone number *	
Requestor's email address *	

**Appointment Details**

Is the service for in-person or scheduled video? *					
Full address where the interpreter is needed (Required for video as well) *					
Additional check-in instructions ( <b>this must be very specific</b> i.e. name of the building, department, floor, suite or room #, etc.) *					
Requested Language *					
Name of onsite contact person, if required					
Name(s) of Limited English Proficient (LEP) Client *					
Doctor's or Provider's Name (If applicable)					
Specific nature of the appointment – Very important to be described precisely *					
If the request is for video, will you provide the link or will LanguageLine? (If we do it, we use Zoom)					
If you provide the link, share it here:					
Date(s) of appointment *					
Arrival time (AM/PM) *		End time (AM/PM) *		Time zone *	
Interpreter gender preference (if any)			Preferred interpreter (if any)		

**Billing Details**

**Only needed if this is your company's first time requesting an onsite interpreter with us: (Billing address, billing contact name, phone number, and billing contact email are required)**

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