

STATE OF ILLINOIS  
CIRCUIT, APPELLATE, OR SUPREME COURT  
REQUEST FOR INTERPRETER



1. Person who needs an interpreter:

- a. Name: \_\_\_\_\_  
First Middle Last
- b. Address: \_\_\_\_\_  
Street, Apt # City State ZIP
- c. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- d. Case number (listed in upper right corner of court documents): \_\_\_\_\_
- e. The person who needs an interpreter is: (choose one)
- ☐ a party who will need an interpreter for all court dates.
  - ☐ a person who brings or defends a case on behalf of a minor or adult disabled party for all court dates.
  - ☐ a parent/legal guardian of a minor party or minor victim who will need an interpreter for all court dates.
  - ☐ a parent/legal guardian of a disabled adult party who will need an interpreter for all court dates.
  - ☐ a witness who is testifying on: \_\_\_\_\_ Court Date & Time: \_\_\_\_\_
  - ☐ a victim in court on: \_\_\_\_\_ Court Date & Time: \_\_\_\_\_
  - ☐ a juror (sign language only) in court on: \_\_\_\_\_ Court Date & Time: \_\_\_\_\_
  - ☐ a spectator (sign language only) in court on: \_\_\_\_\_ Court Date & Time: \_\_\_\_\_

2. Person completing this form: (complete only if different than the person who needs the interpreter)

- a. Name: \_\_\_\_\_  
First Middle Last
- b. Address: \_\_\_\_\_  
Street, Apt # City State ZIP
- c. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Language needed: (select one)

- |   |   |                                     |   |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Spanish                | <input type="checkbox"/> Dinka          | <input type="checkbox"/> Kirundi    | <input type="checkbox"/> Russian        |
| <input type="checkbox"/> Albanian               | <input type="checkbox"/> Filipino       | <input type="checkbox"/> Korean     | <input type="checkbox"/> Serbo-Croatian |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> French         | <input type="checkbox"/> Kunama     | <input type="checkbox"/> Somali         |
| <input type="checkbox"/> Amharic                | <input type="checkbox"/> German         | <input type="checkbox"/> Laotian    | <input type="checkbox"/> Swahili        |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Greek          | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Tagalog        |
| <input type="checkbox"/> Armenian               | <input type="checkbox"/> Gujarati       | <input type="checkbox"/> Macedonian | <input type="checkbox"/> Telugu         |
| <input type="checkbox"/> Assyrian               | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Mongolian  | <input type="checkbox"/> Thai           |
| <input type="checkbox"/> Bosnian                | <input type="checkbox"/> Hindi          | <input type="checkbox"/> Nepali     | <input type="checkbox"/> Tigrinya       |
| <input type="checkbox"/> Bulgarian              | <input type="checkbox"/> Hungarian      | <input type="checkbox"/> Persian    | <input type="checkbox"/> Turkish        |
| <input type="checkbox"/> Burmese                | <input type="checkbox"/> Indonesian     | <input type="checkbox"/> Polish     | <input type="checkbox"/> Ukrainian      |
| <input type="checkbox"/> Chinese-Mandarin       | <input type="checkbox"/> Italian        | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Urdu           |
| <input type="checkbox"/> Chinese-Cantonese      | <input type="checkbox"/> Japanese       | <input type="checkbox"/> Punjabi    | <input type="checkbox"/> Vietnamese     |
| <input type="checkbox"/> Czech                  | <input type="checkbox"/> Karen          | <input type="checkbox"/> Romanian   | <input type="checkbox"/> Yoruba         |
| <input type="checkbox"/> OTHER: _____           |   |                                     |   |

\_\_\_\_\_/s/\_\_\_\_\_  
Date Your Signature Print Your Name

Turn in this form into the Office of Interpreter Services or give to the judge or court/clerk staff.