

Notice of Available Language Assistance—Service Provider

Clerk stamps date here when form is received.

Use this form to:

- Tell the court that you are a service provider, program, or professional offering language assistance with services that may be ordered by a court; and
- Provide information about the services you provide, the languages and types of language assistance available, and your service area.

1 This form should be filed with the court by January 31 of each year to indicate services that will be provided during the calendar year. You may also submit this form to let the court know your services have changed.

The information in this form describes services available during calendar year: _____

2 Name of service provider: _____

Address: _____

Telephone: _____ Web address: _____

Contact name: _____ E-mail: _____

3 Information about the services provided: Check here to attach a narrative description of the services offered.

Services <i>(select all that apply)</i>
<input type="checkbox"/> Mediation
<input type="checkbox"/> Child custody recommending counseling
<input type="checkbox"/> Professional supervised child visitation
<input type="checkbox"/> Parenting education classes
<input type="checkbox"/> Anger management classes
<input type="checkbox"/> Mental health counseling
<input type="checkbox"/> Batterer intervention—MEN
<input type="checkbox"/> Batterer intervention—WOMEN
<input type="checkbox"/> Alcohol/substance abuse treatment
<input type="checkbox"/> Other
Specify: _____

Languages Available <i>(select all that apply)</i>
<input type="checkbox"/> Any language
<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Spanish
<input type="checkbox"/> Mandarin
<input type="checkbox"/> Cantonese
<input type="checkbox"/> Farsi
<input type="checkbox"/> Korean
<input type="checkbox"/> Punjabi
<input type="checkbox"/> Russian
<input type="checkbox"/> Tagalog
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other
Specify: _____

Types of Language Assistance <i>(select all that apply)</i>
<input type="checkbox"/> Program offered directly in language
<input type="checkbox"/> In-person interpreter
<input type="checkbox"/> Telephone interpreter
<input type="checkbox"/> Translated materials
<input type="checkbox"/> Other
Specify: _____

Service Area (county or region)

Date: _____

Type or print your name

►
Sign your name