REQUEST FOR LANGUAGE INTERPRETER
OR DEAF/HEARING IMPAIRED ASSISTANCE

BATON ROUGE CITY COURT
CITY OF BATON ROUGE
STATE OF LOUISIANA

CASE NO.

TRAFFIC NO.

Name of applicant (person needing interpreter or assistance):

Address of applicant: City: State: Phone:

Applicant is a : Witness Party Other (Specify)

Person Submitting Request (if different from applicant):

Submitter's Address: City: State: Phone:

Submitter's relationship to person needing assistance (e.g., attorney, party, etc.):

Applicant requests interpreter and/or assistance as follows:

1. Type of proceeding: Criminal Civil Other (specify)
2. Judge presiding in case:
3. Proceedings and/or activities to be covered (e.g.: bail hearings, sentencing hearing, trial, etc.):
4. Date(s) interpreter or assistance needed:
5. Specify the language to be interpreted:
6. Specify the type of deaf / hearing impaired assistant requested:
7. Special requests or anticipated problems (be specific):

I declare under penalty of perjury under laws of the State of Louisiana that the foregoing is true and correct.

(Print Submitter's Name) (Submitter's Signature) (Date)

FOR COURT STAFF USE ONLY

Date of Request: Reviewed by: Title:

Forwarded to Division

(Name) (Title) (Date)