

PLEASE E-MAIL ALL SPANISH AND LUL REQUESTS TO THE FOLLOWING:

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Interpreter Request Form for LUL and Spanish

(Please submit a new form for every hearing/event that is not in icis)

Date of request:	Requestor:	Phone No.:
Language: Spanish	Dialect (if applicable):	

Hearing/Event Info	
Date of hearing/event:	
Time of hearing/event:	
Location (if a court, specify name):	
Physical address: (COMPLETE address including zip code)	
Where and to whom should the interpreter report? (i.e. clerk, courtroom/window #)	
Type of hearing/event:	
Estimated length of hearing/event:	
Case number & full case name:	
Booking Number (jail visits only):	
Interpreter needed for (check all that apply):	
<input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify:	
Contact Name & Phone Number:	
<input type="checkbox"/> Judge/Commissioner:	<input type="checkbox"/> Doctor:
<input type="checkbox"/> Doctor:	<input type="checkbox"/> Other:
<input type="checkbox"/> Attorney:	<input type="checkbox"/> Psychologist:
<input type="checkbox"/> Probation Officer:	<input type="checkbox"/> Other:

* Please note: You do not need to submit this form if the case is already globed and appearing in icis *