

**INTERPRETER SERVICES  
REQUEST FORM**

JD-CL-93 Rev. 2-20

**STATE OF CONNECTICUT  
INTERPRETER AND TRANSLATOR SERVICES**  
www.jud.ct.gov**Instructions:**

Complete this form and send it to Interpreter and Translator Services.

For questions please call (860) 706-5040.

Send the completed form by one of the following methods:E-mail: [Interpreter.request@jud.ct.gov](mailto:Interpreter.request@jud.ct.gov) (**Preferred method**) or

Fax: (860) 706-5088 Attention: Interpreter Requests or

Mail: Interpreter Services Unit, 90 Washington Street, 3rd Floor, Hartford, CT 06106

**NOTICE**To request a Sign Language Interpreter go to: [http://zeus/co/ada2012/ada\(2012\).htm](http://zeus/co/ada2012/ada(2012).htm)

Please remember that many court forms are available in other languages.

Date request made	Date interpreter needed	Time interpreter needed	Duration of proceeding
Requestor name		Telephone number <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Other	

Requestor e-mail address

Judicial District or Department of Correction	Location where interpreter needed	Courtroom/Office
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## Stage of proceeding:

<input type="checkbox"/> Plea	<input type="checkbox"/> Interview	<input type="checkbox"/> Jury Trial
<input type="checkbox"/> Pretrial	<input type="checkbox"/> Court Hearing	<input type="checkbox"/> Sentencing
<input type="checkbox"/> Arraignment	<input type="checkbox"/> Court Trial	<input type="checkbox"/> Other: (specify) _____

Language(s) to be interpreted

Case name	Docket number
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Comments: (Include name of person in need of interpreting services and his/her relation to the case, e.g. plaintiff, defendant, witness, family member.)