

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