

# TRANSLATION SERVICES REQUEST FORM

JD-CL-119 Rev. 1-22



## Instructions:

1. For translation requests that are unique to a specific legal proceeding, fill out section 1 and submit it in accordance with the directions below.
2. For translation of documents that are not unique to a specific legal proceeding, fill out section 2 and submit it in accordance with the directions on Page 2.

## Section 1. (For translation requests that are unique to a specific legal proceeding.)

Request Date:

☐ Urgent/Security Matter

Requested by	Title	Phone number
Department		Fax number

Address

Return to: (If different from above)

Source language	Target language
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Judge's signature (Required if source and/or target languages are other than English or Spanish. (Necessary to obtain an outside vendor translator))

Materials Enclosed <input type="checkbox"/> DVD <input type="checkbox"/> Video tape <input type="checkbox"/> Audio tape <input type="checkbox"/> Documents	Number of taped minutes or pages	Date needed by	Docket number
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Case name

Comments:

Send to: **Interpreter and Translator Services Unit**

**80 Washington Street, Room G04  
Hartford, CT 06106**

Phone: (860) 756-7902 Fax: (860) 756-7093

E-mail: [Translation.request@jud.ct.gov](mailto:Translation.request@jud.ct.gov)

## Do Not Write Below This Line

Date received	Request tracking number
Given to	Date
Address	Telephone number
	Fax number
Deadline	Date received from translator
Date sent	How was it sent
Number of pages	Number of words

**Section 2.** (For translation of documents that are not unique to a specific legal proceeding.)

☐ Routine

☐ Urgent

Document name		Document number
Requested by	Date needed by	Phone number

<b>Document type</b> <input type="checkbox"/> Form <input type="checkbox"/> Pamphlet <input type="checkbox"/> Form letter <input type="checkbox"/> Directions <input type="checkbox"/> Other: _____ <input type="checkbox"/> Brochure <input type="checkbox"/> Poster <input type="checkbox"/> Survey <input type="checkbox"/> Public Service Announcement <input type="checkbox"/> Booklet <input type="checkbox"/> Guide <input type="checkbox"/> Instructions	<b>Origin of document</b> <input type="checkbox"/> Administrative purpose <input type="checkbox"/> Practice Book <input type="checkbox"/> Other: _____ <input type="checkbox"/> External Affairs <input type="checkbox"/> Statute <b>Language</b> <input type="checkbox"/> Albanian <input type="checkbox"/> Bosnian <input type="checkbox"/> Chinese Cantonese <input type="checkbox"/> Chinese Mandarin <input type="checkbox"/> French <input type="checkbox"/> Haitian/Creole <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____
<b>Division requesting document</b> <input type="checkbox"/> Administrative Services <input type="checkbox"/> Court Support Services <input type="checkbox"/> Superior Court Operations <input type="checkbox"/> External Affairs <input type="checkbox"/> Information Technology	

Answer the 5 questions below **completely and in detail**. Completion of this section is **mandatory** in order to process your request.

If you require additional space, please attach a separate sheet.

1. Is this the first step in a process? Yes or No; please explain.

2. Is the document used frequently? Yes or No; please explain.

3. Would the document cause significant harm if misunderstood? Yes or No; please explain.

4. Has the English version of the document been, or must it be, revised because of a statute or rule change? If yes, please identify the statute and/or rule.

5. If this request has been marked urgent, please explain why.

Additional information:

Send completed form with copy of the original document to be translated to [Translation.tracking@jud.ct.gov](mailto:Translation.tracking@jud.ct.gov)