

<b>Attorney or Party without Attorney (Name, State Bar number, and address):</b>  <b>TELEPHONE NO:</b> _____ <b>FAX NO:</b> _____ <b>E-MAIL ADDRESS (Optional):</b> _____ <b>ATTORNEY FOR (Name):</b> _____	<u>FOR COURT USE ONLY</u>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TEHAMA</b> <b>STREET ADDRESS:</b> _____ <b>MAILING ADDRESS:</b> _____ <b>CITY AND ZIP CODE:</b> _____ <b>BRANCH NAME:</b> _____	
<b>Case name:</b> _____	
<b>REQUEST FOR INTERPRETER AT COURT HEARING</b>	<b>CASE NUMBER:</b> _____

**PLEASE PRESENT THIS REQUEST FORM AT YOUR EARLIEST CONVENIENCE.**

**PLEASE IDENTIFY THE LANGUAGE AND SPECIFIC DIALECT:**

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Spanish  | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Laotian  | <input type="checkbox"/> Punjabi   |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Thai      |
| <input type="checkbox"/> Other    |                                    |

**INTERPRETER NEEDED FOR HEARING ON:**

Date: \_\_\_\_\_ time: \_\_\_\_\_ Department \_\_\_\_\_

Type of Hearing \_\_\_\_\_ Time estimate of Hearing \_\_\_\_\_

**IF RELATED CASES ARE INVOLVED, DO THE PARTIES STIPULATE TO THE USE OF ONE INTERPRETER**

Yes  No **IF NO, HOW MANY INTERPRETERS ARE NEEDED**

**PLEASE IDENTIFY WHO THE INTERPRETER IS NEEDED FOR INCLUDING PARTIES, WITNESSES, OR OTHER PERSONS WITH A SIGNIFICANT INTEREST.**

**Name of Person needing Interpreter**

Plaintiff  Defendant  Petitioner  Respondent  Witness  Other

Dated: \_\_\_\_\_

\_\_\_\_\_  
Type or print your name

\_\_\_\_\_  
Sign your name