

Request for Interpreter Form

800-572-5027 x290-0343 Fax: 617-367-9293

Please fill in this form, save it and email as an attachment to: languageaccess@jud.state.ma.us

Always follow up by entering requests into MassCourts.

Court Name: _____

Report To: _____

Language Requested: _____

(Enter country of origin, if language is unknown.)

Date Needed: _____ **Time:** _____

Name of Case: _____

(First)

(Last)

To Assist (Name):

Defendant

Victim

Witness

Parent/Guardian

Plaintiff

Other

Docket #: _____

Offense (Charge) / Case Matter: _____

(List charge(s) Do Not Abbreviate)

Type of Proceeding: _____

(Do Not Abbreviate)

A.D.A./Attorney: _____ **Phone:** _____

Defense Attorney: _____ **Phone:** _____

Judge: _____

Court Liaison: _____ **Phone:** _____ **Today's Date:** _____

Additional Note(s):