
VERSUS

NUMBER: _____ DIVISION: _____

29TH JUDICIAL DISTRICT COURT

PARISH OF ST. CHARLES

date filed

Deputy Clerk

REQUEST FOR INTERPRETER AND ORDER

INSTRUCTIONS

This form must be *fully completed and signed* and filed with the St. Charles Parish Clerk of Court. Visit www.scpclerkofcourt.com for filing information. Submission of an incomplete form may result in denial of your request. You will receive notice of action taken on this application.

Name of Individual Needed Interpreter: _____

This person is: WITNESS _____ PARTY _____ OTHER _____

Name of Person Submitting Request: _____

Telephone Number of Person Submitting Request: _____

Address of Person Submitting Request: _____

If the person submitting request is not the individual in need of an interpreter, please state your relationship (i.e., attorney, party, etc.): _____

Address Individual Needed Interpreter: _____

Telephone Number of Individual Needing Interpreter: _____

Name of Presiding Judge: _____

1. Type of Proceeding: CRIMINAL _____ CIVIL _____ JUVENILE _____
2. Proceedings to be covered (e.g., bail hearing, sentencing hearing, trial, etc.)
3. _____
4. Date(s) Interpreter Needed (specify): _____

5. Reason for Requesting Interpreter: _____

6. Type of Interpreter Needed:

_____ Language –

_____ French

_____ Spanish

_____ Vietnamese

_____ Other: _____

_____ Deaf/Hearing Impaired

_____ Sign Language

_____ Other: _____

7. Special Requests or Anticipated Problems (specify):

I declare under penalty of perjury under the laws of the State of Louisiana that the foregoing is true and correct.

date

Signature of Person Submitting Application

Printed Name of Person Submitting Application

Signature of Individual Needing Interpreter

Printed Name of Individual Needing Interpreter

Telephone of Person Submitting Application

Considering the foregoing, the request for interpreter is hereby:

_____ **APPROVED** _____ **DENIED**

Judge, 29th Judicial District Court

date