SUPERIOR COURT OF CALIFORNIA, COUNTY OF S  CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY CENTRAL DIVISION, KEARNY MESA, 8950 CLAIREMONT ME CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LAF EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 9 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, C SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, C	I ST., SAN DIEGO, CA 92101 /, SAN DIEGO, CA 92101 ESA BLVD., SAN DIEGO, CA 92123 RK DR., SAN DIEGO, CA 92123 2020 A 92081	FOR COURT USE ONLY
PLAINTIFF(S)/PETITIONER(S)/PEOPLE OF THE STATE OF CALIF	FORNIA	
DEFENDANT(S)/RESPONDENT(S)		
INTERPRETER REQUEST/CANCELL	ATION FORM	CASE NUMBER
A request must be made for each court proceeding a interpreter is requested. To request an American Sign La Form #ADM-410).		
A. Request for Interpreter:		
An interpreter is requested for ( <i>name[s]</i> ):  who is a ☐ Party ☐ Witness ☐ Other:		
2. Case type: Civil Criminal Traffic/Minor Offense Unlawful Detainer	-	
<ol> <li>Language requested:</li> <li>☐ Arabic [العربية]</li> <li>☐ Cantonese [□ □ □ ]</li> </ol>	Chaldean [الكلدانية] Fars	i/Persian [씨회 □ Korean [한국어]
☐ Mandarin [□ □ □ ] ☐ Punjabi ਪਿੰਜਾਬੀ] [ ☐ Vietnamese [Tiếng Việt] ☐ Other language: ☐ Special Dialect (town or region of origin):		
Interpreter requested for (event):  Location (see header for locations):		
☐ Dept.: ☐ Room #:	Time estimate:	
Interpreter requested for (event): Location (see header for locations):	on ( <i>date</i> )	
☐ Dept.: ☐ Room #:		
The court will try to schedule an interpreter for the date/time no cost to you, but cannot guarantee that one will be availa		
B. Cancellation of Interpreter:  It is the responsibility of the party for whom an interpreter is no longer needed.	nterpreter was requested, or	his/her attorney, to notify the court
Cancel Interpreter for (event):	on (date)	: at <i>(time)</i> :
Location (see header for locations):	Languag	e:
☐ Dept.: ☐ Room #:	A request for a nev	v date must be made in section A.
2. Cancel Interpreter for (event):	on ( <i>date</i> )	: at <i>(time)</i> :
Location (see header for locations):		
☐ Dept.: ☐ Room #:	A request for a nev	v date must be made in section A.
Date: Name of person w	ho completed this form:	

to: 
Original to Case File Interpreter Coordinator Requestor

on \_

Distribution by: \_