

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, KEARNY MESA, 8950 CLAIREMONT MESA BLVD., SAN DIEGO, CA 92123 <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	<i>FOR COURT USE ONLY</i>
PLAINTIFF(S)/PETITIONER(S)/PEOPLE OF THE STATE OF CALIFORNIA	
DEFENDANT(S)/RESPONDENT(S)	
INTERPRETER REQUEST/CANCELLATION FORM	CASE NUMBER

A request must be made for each court proceeding and for each court-ordered, court-operated program for which an interpreter is requested. To request an American Sign Language Interpreter, use Request for Accommodations by Persons with Disabilities and Response (JC Form #MC-410).

A. Request for Interpreter:

1. An interpreter is requested for (*name[s]*): _____
 who is a Party Witness Other: _____

2. Case type: Civil Criminal Family Juvenile Probate Small Claims
 Traffic/Minor Offense Unlawful Detainer Other: _____

3. Language requested:
 Arabic [العربية] Cantonese [广东话] Chaldean [الكلدانية] Farsi/Persian [فارسی] Korean [한국어]
 Mandarin [普通话] Punjabi [ਪੰਜਾਬੀ] Russian [Русский] Spanish [Español] Tagalog [Tagalog]
 Vietnamese [Tiếng Việt] Other language: _____
 Special Dialect (town or region of origin): _____

4. Interpreter requested for (*event*): _____ on (*date*): _____ at (*time*): _____
 Location (*see header for locations*): _____
 Dept.: _____ Room #: _____ Time estimate: _____

 Interpreter requested for (*event*): _____ on (*date*): _____ at (*time*): _____
 Location (*see header for locations*): _____
 Dept.: _____ Room #: _____ Time estimate: _____

The court will try to schedule an interpreter for the date/time of your court proceeding or court-ordered, court-operated program at no cost to you, but cannot guarantee that one will be available. The court may not be able to provide an interpreter in every case.

B. Cancellation of Interpreter:

It is the responsibility of the party for whom an interpreter was requested, or his/her attorney, to notify the court immediately if an interpreter is no longer needed.

1. Cancel Interpreter for (*event*): _____ on (*date*): _____ at (*time*): _____
 Location (*see header for locations*): _____ Language: _____
 Dept.: _____ Room #: _____ **A request for a new date must be made in section A.**

2. Cancel Interpreter for (*event*): _____ on (*date*): _____ at (*time*): _____
 Location (*see header for locations*): _____ Language: _____
 Dept.: _____ Room #: _____ **A request for a new date must be made in section A.**

Date: _____ Name of person who completed this form: _____

Distribution by: _____ on _____ to: Original to Case File Interpreter Coordinator Requestor