APPENDIX 13

|  |  |  |  |
| --- | --- | --- | --- |
| STATE OF LOUISIANA | | 15TH JUDICIAL DISTRICT COURT | |
| VERSUS | | PARISH OF | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | STATE OF LOUISIANA | |
| DOCKET NO. \_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |

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**REQUEST for INTERPRETER and ORDER**

**Date of Service Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Presiding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time: \_\_\_\_\_\_\_\_\_\_**

**Type of Hearing:** ** Civil  Criminal**

Name of Individual Needing Interpreter:

This person is:**** Witness **** Party Other: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Zip: \_\_\_\_\_\_\_\_\_\_\_\_ |

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incarcerated: Yes No**

**Type of Interpreter Requested (please check):**

**Hearing Impaired:**

** American Sign Language**

**Foreign Language:**

** French  Spanish  Vietnamese Other:**

Requesting Party: Telephone:

Address: City: State: Zip:

Relation to Individual Needing Interpreter:

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

Type or Print Name

**Judge / Hearing Officer Date**

PLEASE SEND INTERPRETER REQUESTS TO: [DNEWSOME@15THJDC.ORG](mailto:DNEWSOME@15THJDC.ORG)

Updated 10.11.2023