

**APPENDIX 13**

STATE OF LOUISIANA

15<sup>TH</sup> JUDICIAL DISTRICT COURT

VERSUS

PARISH OF

\_\_\_\_\_

STATE OF LOUISIANA

DOCKET NO. \_\_\_\_\_

\*\*\*\*\*

**REQUEST for INTERPRETER and ORDER**

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

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

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

**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 [LMBERNARD@15THJDC.ORG](mailto:LMBERNARD@15THJDC.ORG) and [Reception@15thjdc.org](mailto:Reception@15thjdc.org)