

**Klickitat County Superior Court
Request for Interpreter**

Case Number: _____ **Today's Date:** _____ **Time:** _____

Case Name: _____

Type of hearing: _____

Plaintiff / Petitioner: _____ Interpreter Needed

Respondent / Defendant: _____ Interpreter Needed

Person in need of Interpreter:

Party Testifying Witness Victim Parent

Other: If this box checked please explain: _____

Language Being Interpreted: _____

For Court Administrator Use Only:

Interpreter Name: _____ Certified Not Certified

Confirmed Date: _____

Certified Interpreter Waiver Form Signed.

Sworn in by Judge / Commissioner

**RETURN FORM TO COURT ADMINISTRATOR NO LESS THAN 5 WORKING DAYS PRIOR TO HEARING DATE.
IF FORM IS NOT RETURNED IN THE GIVEN TIME FRAME, NO INTERPRETER WILL BE PROVIDED.**

**205 S. Columbus, Room 206 Goldendale, WA 98620;
superiorcourtadmin@klickitatcounty.org**