



First Judicial District of Pennsylvania
 Court Reporter, Digital Recording and Interpreter Administration
 100 South Broad Street, Second Floor
 Philadelphia, PA 19110
 215-683-8000
 Elizabeth McCarrick, Language Access Coordinator

FOREIGN LANGUAGE INTERPRETER REQUEST AND VERIFICATION FORM- PHILADELPHIA COUNTY

***Please Note: You must notify Interpreter Administration if you no longer need an interpreter for any reason. If you fail to cancel 48 hours prior to the hearing, you will be billed for the cost of the interpreter.

Client's Name: _____ Language: _____ Role: _____

Client's Name: _____ Language: _____ Role: _____

Client's Name: _____ Language: _____ Role: _____

If ASL, how many teams are needed: 1 team 2 teams

Proceeding Information

CP

MC

Case Name: _____ Case Number: _____

Courtroom # and Phone #:

Courtroom Contact: _____

Court Date: _____ Start time: _____ Expected Duration: _____

Type of Proceeding: _____

Location: City Hall - Broad & Market Sts., 19107 Einstein Hospital 5583 Park Ave., 19141

1501 Arch St., 19102 5th Floor 1880 JFK Blvd., 19103 8th & Spring Garden Sts., 19123

Curran Fromhold CF 7901 State Rd., 19136 Friends Hospital 4641 Roosevelt Blvd., 19124-Scattergood Bldg.

Juvenile Justice Service Center 91 N. 48th St., 19139 Girard Medical Center 8th St. & Girard Ave., 19122

Other: _____

Requestor's Information

Name _____ **Title:** _____ **Phone #:** _____ **Date:** _____

Comments:

After completing this form, please email to: Interpreters@courts.phila.gov or Fax to: 215-683-8116. Please call 215-683-8000 with any questions.

FOR OFFICIAL COURT USE ONLY

Interpreter Information **Agency** **Freelance** **Vendor #** _____ **LADC ID#** _____

Agency: _____ **Interpreter Name(s):** _____

Phone #: _____ **Email:** _____ **Date emailed:** _____

Verifying official shall fully complete below section. Please provide a copy to the interpreter and send original via inter-office mail to Elizabeth McCarrick, 100 S. Broad St., 2nd fl. Please direct all verification related questions to 215-683-8000.

I hereby verify that the services were performed by the provider in the above-captioned case on the date and time stated.

Start Date: _____ **Start Time:** _____ **End Date:** _____ **End Time:** _____

Interpreter Signature: _____ **Was case completed?** Yes No

Court Official: _____ **Signature:** _____

Please print name

Title: _____