

State of Michigan County of Macomb 16 <sup>th</sup> Judicial Circuit Court & Probate Court	<b>REQUEST AND ORDER FOR APPOINTMENT OF FOREIGN LANGUAGE INTERPRETER</b>	CASE NO.
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40 North Main, Mount Clemens, MI 48043

Phone: (586) 469-5208

Plaintiff's name(s)
Plaintiff's attorney, bar no., address and telephone no.

v.

Defendant's name(s)
Defendant's attorney, bar no., address and telephone no.

**REQUEST FOR INTERPRETER**

**Instructions:** If you have a court case and need a foreign language interpreter, you are required to complete this Request with your signature and date. This must be delivered to the court clerk of the judge assigned to the case or to Judicial Aide on the 5<sup>th</sup> floor of the Macomb County Circuit Court Building. If the court appoints an interpreter for you, the court may order you to pay for interpretation costs if you can afford to pay.

1. I state that I am unable to speak English sufficiently to understand and participate in the proceedings in this case.
2. I state that I am (*select one*):
  - a party
  - a witness
  - a person with a substantial interest in the case or court proceeding

3. I need an interpreter who speaks (*indicate language*): \_\_\_\_\_

4. Your full name: \_\_\_\_\_  
Your full name

5. Mailing address: \_\_\_\_\_  
Your mailing address (street, city, state and zip)

6. Telephone number: \_\_\_\_\_  
Your telephone number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**FINANCIAL INFORMATION**

If a party is financially able to pay for the interpretation costs, the court may order the party to reimburse the court for payment of the interpretation costs. This determination will be made at the conclusion of the case or court proceedings. In order to assist the court in making this determination, I state that I am:

Able to pay for interpretation costs.

Unable to pay for interpretation costs and my monthly income is: \_\_\_\_\_.

If you believe you are unable to pay for interpretation costs, please complete the "Financial Schedule-Appointment of Foreign Language Interpreter." This will assist the court in determining your ability to pay.

**NOTICE OF HEARING**

This section is to be completed only if the court determines that a hearing is necessary (a hearing may be required if you are not a party or witness).

You are notified that a hearing has been scheduled on this matter for:

Judge	Bar no.	Date	Time
Hearing Location 40 North Main, Mount Clemens, MI 48043			

If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in the hearing scheduled, please contact the court immediately to make arrangements. As a preliminary accommodation, an interpreter may be appointed for you for purposes of assisting you at a court hearing on your Request for an Interpreter.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this motion on the parties or their attorneys by first-class mail addressed to their last known addresses as defined in MCR 2.107(C) (3).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**ORDER FOR APPOINTMENT OF FOREIGN LANGUAGE INTERPRETER**

IT IS HEREBY ORDERED:

The request for interpreter is GRANTED.

The request for interpreter is DENIED because (specify the reason(s) for denial):

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge