

FORT BEND COUNTY JUSTICE CENTER

Interpreting/Translation Services Request Form

If requested, the Court will provide an interpreter at no cost to the LEP litigant or witness. It is the responsibility of the attorney or LEP individual to complete the request form and return it to the Court, either in person or by email.

| District Court No County Court at Law No Magistrate Court Other | | | |
|--|------------------------|---|--|
| Case Name: | | Cause # | |
| Language Requested: | Defendant | | |
| ASL/Other Interpretation Accommod | ation Requested: | | |
| Date and Time of Service: | Expected | d duration of the assignment:hours/day | |
| The person requesting services is a: Defendant Party to a civil case Parent of a minor | | Other. Please explain: | |
| Type of assignment: | | (plea, trial, motion, etc) | |
| □ Remote Interpretation. [] tele□ Written Translation | | , | |
| Services requested by: □ Judge | | □ Parties | |
| □ FBCJ Staff | | □ Pro se | |
| ☐ AttorneySpecial Instructions: | | | |
| | | | |
| | ov. For questions or o | inator or emailed to the Language Access concerns about language access services, 7658 or languageaccess@fbctx.gov. | |
| | FOR OFFICE USE ONL' | Y: | |
| Authorized by: | on: | , 20 | |
| Name of the interpreter: | | License # | |
| Date of service:, 20 | Start time: | End time: | |