



FORT BEND COUNTY JUSTICE CENTER
Translation Services Request Form

District Court No. _____

County Court at Law No. _____

Language: _____

Cause # _____

Needed by the following date: _____

Time: _____

Case Name: _____

. Type of Translation:

- Letters from indigent inmates to their attorneys
- Letters of Court Appointed attorneys to their clients
- Victim's impact letters
- Other.

Please explain the type of document to be translated and the reason(s) for this special request:

Services requested by:

- Judge _____
- FBJC Staff _____
- Attorney _____
- Parties _____
- Pro se _____

FOR OFFICE USE ONLY:

Authorized by: _____

On: _____