

CIRCUIT COURT OF COOK COUNTY, ILLINOIS
OFFICE OF INTERPRETER SERVICES
2650 S. CALIFORNIA, ROOM 4B02
TELEPHONE: (773) 674-3210
FAX: (773) 674-3242

REQUEST FOR INTERPRETER
(ALL INFORMATION MUST BE PROVIDED)

Date: _____ Taken by: _____

Court Location: _____

Judge: _____ Room/Br. # _____

Select one: In Custody Not in Custody

Defendant's Name(s): _____	
Case No. _____	Language: _____
Date needed: _____	Time: _____ a.m./p.m.
Requested by: _____	Telephone: () _____

Charges: _____

Comments: _____

Needed for (Select one): <input type="checkbox"/> Trial <input type="checkbox"/> Motion <input type="checkbox"/> Hearing <input type="checkbox"/> Status
Approximate length of time interpreter will be needed for: _____ MINUTES or _____ HOURS

ASSIGNMENT

(For office use only)

Interpreter Assigned: _____ Date Assigned: _____

Interpreter Contacted by: _____