Attorney or Party without Attorney (Name, State Bar number, and address):	*FOR COURT USE ONLY*
TELEPHONE NO: **FAX NO:** **E-MAIL ADDRESS (Optional):** **ATTORNEY FOR (Name):**	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TEHAMA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
Case name:	
REQUEST FOR INTERPRETER AT COURT HEARING	CASE NUMBER:

PLEASE PRESENT THIS REQUEST FORM AT YOUR EARLIEST CONVENIENCE.

PLEASE IDENTIFY THE LANGUAGE AND SPECIFIC DIALECT:

- ☐ Spanish
- ☐ Laotian
- ☐ Mandarin
- ☐ Other
- ☐ Cantonese
- ☐ Punjabi
- ☐ Thai

INTERPRETER NEEDED FOR HEARING ON:

Date: time: Department

Type of Hearing Time estimate of Hearing

IF RELATED CASES ARE INVOLVED, DO THE PARTIES STIPULATE TO THE USE OF ONE INTERPRETER

☐Yes ☐No **IF NO, HOW MANY INTERPRETERS ARE NEEDED**

PLEASE IDENTIFY WHO THE INTERPRETER IS NEEDED FOR INCLUDING PARTIES, WITNESSES, OR OTHER PERSONS WITH A SIGNIFICANT INTEREST.

Name of Person needing Interpreter

☐Plaintiff ☐Defendant ☐Petitioner ☐Respondent ☐Witness ☐Other

Dated:

Type or print your name _____ Sign your name