



**REQUEST FOR INTERPRETER/
ASSISTIVE TECHNOLOGY
"DEAF/HARD OF HEARING"**

Case No. _____

Court _____

County _____

Division _____

Applicant is: Party Juror Witness Other (*please specify*) _____
 Attorney on behalf of client who is deaf/hard of hearing

Applicant Name: _____ Attorney Name: _____

Telephone: _____ Telephone: _____

Address: _____ Address: _____

****Applicants are encouraged to submit requests at least two (2) weeks prior to the proceeding.****

Applicant requests interpreter/assistive technology as follows:

1. Type of proceeding: criminal civil

2. Case Name: _____

3. Case Number: _____ Presiding Judge: _____

4. Date interpreter or assistance needed: _____ Time: _____ am pm

5. Type of interpreter needed: ASL Signed English Certified relay interpreter
 Other (*please specify*) _____

6. Specify the type of assistive technology needed: Real-time Computer-aided Transcription Services
 Assisted listening device/system Other (*please specify*): _____

7. Special requests or anticipated problems: _____

I declare under penalty or perjury under laws of the State of Kentucky that the foregoing is true and correct.

(Print Applicant's Name) (Applicant's/Attorney's Signature) (Date)

FILE WITH THE CIRCUIT COURT CLERK'S OFFICE

Distribution: Court File Presiding Judge Contact Person