



**REQUEST FOR INTERPRETER/
ASSISTIVE TECHNOLOGY
ATTORNEY WHO IS DEAF/HARD OF HEARING**

Case No. _____
Court _____
County _____
Division _____

Attorney Name: _____

Telephone: _____

Address: _____

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

Attorney 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 Attorney's Name)

(Attorney's Signature)

(Date)

FILE WITH THE CIRCUIT COURT CLERK'S OFFICE

Presiding Judge's Use Only

Request for interpreter and/or assistive technology is: Granted Denied

Reason denied: _____

Date: _____

Signature: _____

UPON COMPLETION, FORWARD TO DESIGNATED CONTACT PERSON FOR SCHEDULING

Once an attorney has been determined to be qualified to receive interpreting services he or she will not be required to re-establish his or her qualifications in future court proceedings before the same presiding judge.

Distribution: Court File Presiding Judge Contact Person