Rev. 3-19 Page 1 of 1 Case No Commonwealth of Kentucky Court of Justice www.courts.ky.gov REQUEST FOR INTERPRETER/ County Request For INTERPRETER/ ASSISTIVE TECHNOLOGY Division			-	
Commonwealth of Kentucky Count of Justice www.courts.ky.gov REQUEST FOR INTERPRETER County	AOC-INT-11 Doc. Code: ARFIA Rev. 3-19 Page 1 of 1			
Court of Justice www.courits.ky.gov REQUEST FOR INTERPRETERY Country API X, Sec. 12 ATTORNEY WHO IS DEAFMARD OF HEARING Division Attorney Name:	Commonwealth of Kentucky	CI II OF JUSTIC		
Arr IX, bec. 12 Altomey Made y Market WHO is DEAPHARM OF HEARING Attorney Name:	5	REQUEST FOR INTERPRETER/		
Telephone:	AP IX, Sec. 12		Division	
Address:	Attorney Name:			
Address:	Telephone:			
Attorney requests interpreter/assistive technology as follows: 1. Type of proceeding: □ criminal □ civil 2. Case Name:			_	
Attorney requests interpreter/assistive technology as follows: 1. Type of proceeding: □ criminal □ civil 2. Case Name:			_	
			<u>eks</u> prior to the pro	ceeding.**
2. Case Name:				
3. Case Number: Presiding Judge: Imme: and pr 4. Date interpreter or assistance needed: Time: and pr 5. Type of interpreter needed: ASL Signed English Certified relay interpreter Other (<i>please specify</i>)				
4. Date interpreter or assistance needed: Time: and pr 5. Type of interpreter needed: ASL Signed English Certified relay interpreter Other (<i>please specify</i>)				
5. Type of interpreter needed: ASL Signed English Certified relay interpreter Cher (please specify) 6. Specify the type of assistive technology needed: Assisted listening device/system Other (please specify): 7. Special requests or anticipated problems: 7. Special requests or anticipated problems: 1 declare under penalty or perjury under laws of the State of Kentucky that the foregoing is true and correct. (Print Attorney's Name) Kattorney's Signature) Cuate) FILE WITH THE CIRCUIT COURT CLERK'S OFFICE Presiding Judge's Use Only Request for interpreter and/or assistive technology is: Granted Date: Date: UPON COMPLETION, FORWARD TO DESIGNATED CONTACT PERSON FOR SCHEDULING				
Conter (please specify) Conter (please specify) Conter (please specify) Conter (please specify): Content (please				
 Specify the type of assistive technology needed: Real-time Computer-aided Transcription Services Assisted listening device/system Other (<i>please specify</i>): 				
Assisted listening device/system Other (<i>please specify</i>):		u , , <u>, , , , , , , , , , , , , , , , ,</u>		
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:		fin Giner (please specify):		
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:	7 On a sick as much an anticipated and			
(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:	7. Special requests or anticipated pro	oblems:		
(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:				
(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:			· · · · ·	
FILE WITH THE CIRCUIT COURT CLERK'S OFFICE Presiding Judge's Use Only Request for interpreter and/or assistive technology is:	I declare under penalty or perjury unc	der laws of the State of Kentucky that the for	egoing is true and cor	rect.
FILE WITH THE CIRCUIT COURT CLERK'S OFFICE Presiding Judge's Use Only Request for interpreter and/or assistive technology is:	(Print Attorney's Name)	(Attorney's Signature)	(Date)	
Presiding Judge's Use Only Request for interpreter and/or assistive technology is: Granted Denied Reason denied: Date:	((()	
Request for interpreter and/or assistive technology is: Granted Reason denied:	FILE WITH THE CIRCUIT COUR	T CLERK'S OFFICE		
Reason denied:		Presiding Judge's Use Only		
Date:	Request for interpreter and/or assistiv	ve technology is: 🛛 Granted 🔹 🗅 Denie	d	
Date:	Reason denied:			
UPON COMPLETION, FORWARD TO DESIGNATED CONTACT PERSON FOR SCHEDULING				
UPON COMPLETION, FORWARD TO DESIGNATED CONTACT PERSON FOR SCHEDULING	Date:	Signature:		
		Olynakaro		
Once an attorney has been determined to be qualified to receive interpreting services he or she will not be required	UPON COMPLETION, FORWARD T	O DESIGNATED CONTACT PERSON FOR	R SCHEDULING	
	·			not he required f