

CITY OF ZACHARY

DOCKET NUMBER:

VERSUS

CITY COURT OF ZACHARY

PARISH OF EAST BATON ROUGE

STATE OF LOUISIANA

**Form 5.0B
REQUEST FOR INTERPRETER**

Name of Individual Needing Interpreter: _____

This person is: _____ Witness _____ Party Other: _____

Name of person submitting request:

Telephone number of person submitting request:

Address of person submitting request: _____

If the person submitting request is not the individual in need of an interpreter, please state your relationship (i.e., attorney, party, etc.) _____

Address and telephone number of individual needing interpreter (if different from person submitting request): _____

Judge presiding in case: _____

1. Type of proceeding: ____ Criminal ____ Civil

2. Proceedings to be covered (e.g. bail hearing, sentencing hearing, trial, etc.):

3. Dates interpreter needed (specify):

4. Reason for requesting interpreter:

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5. Type of interpreter needed:

_____ Language

_____ French

_____ Spanish

_____ Vietnamese

_____ Other

_____ Deaf/Hearing Impaired

_____ Sign Language

_____ Other: _____

6. Special requests or anticipated problems (specify):

(Date)

(Signature of Person Submitting Application)

(Type or Print Name AND e-mail address)

(Signature of Individual Needing Interpreter, if available to sign)

(Type or Print Name AND e-mail address)