



**COURT ADMINISTRATOR'S OFFICE  
THIRTY-NINTH JUDICIAL DISTRICT OF PENNSYLVANIA  
FRANKLIN/FULTON COUNTIES**

**MARK SINGER**  
COURT ADMINISTRATOR  
39<sup>th</sup> JUDICIAL DISTRICT

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**CHERYL A. D'AMATO**  
DEPUTY COURT ADMINISTRATOR  
**AIMEE R. COOK**  
DEPUTY COURT ADMINISTRATOR

**MEMORANDUM**

**To:** All practicing Attorneys - 39<sup>th</sup> Judicial District  
**From:** Aimee Cook, Deputy Court Administrator  
**Subject:** Interpreter Requests  
**CC:** Board of Judges, 39<sup>th</sup> Judicial District; Magisterial District Judges, 39<sup>th</sup> Judicial District; Adult Probation; Juvenile Probation; Children & Youth Services; Domestic Relations Services  
**Date:** May 6, 2016

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As a reminder and follow up to a December 2015 memorandum regarding Interpreter Requests - Any attorney needing the services of an interpreter for their client for all in court proceedings, should complete the appropriate interpreter request form(s). These forms have previously been a topic of discussion and shared accordingly.

Completed form(s) should be now be sent to Aimee Cook, Deputy Court Administration, c/o the Court Administrator's Office as soon as the attorney becomes aware of the need for an interpreter. A request shall be made for each scheduled court proceeding throughout the duration of the case.

While Court Administration attempts to ensure the presence of a Spanish interpreter at the Courthouse on most Tuesdays for Central Court, Wednesdays for Criminal Court, Call of the Criminal Trial Lists at the Courthouse and at the Franklin County Jail, and Criminal Pretrial Conference days at the Courthouse, counsel should not presume the interpreters availability. It is the responsibility of the attorney to make the request for an interpreter by completing the appropriate form(s) and sending it to the Court Administrator's Office. Every effort will then be made to ensure the presence of an interpreter in the requested location for the identified hearing. Please do not assume that a Spanish interpreter will be available. If Court Administration does not receive the appropriate request form an interpreter may not be available to assist. Please allow sufficient time to process the request.

Interpreter request forms are attached as a reference.

In addition, interpreter request forms can be found using the following link:  
[http://www.franklincountypa.gov/index.php?section=courts\\_forms](http://www.franklincountypa.gov/index.php?section=courts_forms)

After completion, form(s) should be sent to: Aimee Cook, Deputy Court Administrator via email at [arcook@franklincountypa.gov](mailto:arcook@franklincountypa.gov) or by fax at 717-261-3854.

*Thank you for your attention to this memorandum.*

In the Court of Common Pleas of \_\_\_\_\_ County

Commonwealth of Pennsylvania

vs.

Defendant

:  
:  
:  
:  
:  
:  
:

Case number: \_\_\_\_\_

**Interpreter Request Notice – Criminal**

Interpreter services are hereby requested in the above captioned matter as follows:

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom: \_\_\_\_\_

Location: \_\_\_\_\_ Type of case: \_\_\_\_\_

Name of person requiring the interpreter: \_\_\_\_\_

Relationship to case: ☐ Defendant ☐ Victim ☐ Witness ☐ Juvenile

☐ Parent/Person *in loco parentis* ☐ other: \_\_\_\_\_

Language (*choose foreign or deaf and provide requested information*):

☐ Foreign language spoken: \_\_\_\_\_ Dialect (if applicable): \_\_\_\_\_

☐ Deaf/hard of hearing: ☐ American Sign Language ☐ other non-ASL type: \_\_\_\_\_

Country of origin: \_\_\_\_\_ Region/Province (if known): \_\_\_\_\_

Please give a brief description of any particular condition which may affect or limit the communication skills of the person for whom the interpreter is requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Requestor's Name

Phone

Date

Requestor's Signature

Title

In the Court of Common Pleas of \_\_\_\_\_ County

\_\_\_\_\_  
Plaintiff/Petitioner

vs.

\_\_\_\_\_  
Defendant/Respondent

:  
:  
:  
:  
:  
:  
:

Case number: \_\_\_\_\_

**Interpreter Request Notice – Civil/Family**

Interpreter services are hereby requested in the above captioned matter as follows:

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom: \_\_\_\_\_

Location: \_\_\_\_\_ Type of case: \_\_\_\_\_

Name of person requiring the interpreter: \_\_\_\_\_

Relationship to case: ☐ Defendant/Respondent ☐ Plaintiff/Petitioner ☐ Witness ☐ Child

☐ Parent/Person *in loco parentis* ☐ other: \_\_\_\_\_

Language (*choose foreign or deaf and provide requested information*):

☐ Foreign language spoken: \_\_\_\_\_ Dialect (if applicable): \_\_\_\_\_

☐ Deaf/hard of hearing: ☐ American Sign Language ☐ other non-ASL type: \_\_\_\_\_

Country of origin: \_\_\_\_\_ Region/Province (if known): \_\_\_\_\_

Please give a brief description of any particular condition which may affect or limit the communication skills of the person for whom the interpreter is requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Requestor's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Title

**Commonwealth of Pennsylvania**  
**Magisterial District Court No. \_\_\_\_\_ of \_\_\_\_\_ County**

\_\_\_\_\_  
vs. \_\_\_\_\_  
\_\_\_\_\_

:  
:  
:  
:  
:  
:  
:

Case number: \_\_\_\_\_

**Interpreter Request Notice – Magisterial District Judge**

Interpreter services are hereby requested in the above captioned matter as follows:

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom: \_\_\_\_\_ Location: \_\_\_\_\_

MDJ Court Address: \_\_\_\_\_

Type of case: \_\_\_\_\_

Name of person requiring the interpreter: \_\_\_\_\_

Relationship to case: 1. Criminal: ☐ Defendant ☐ Victim ☐ Witness ☐ Juvenile

☐ Parent ☐ other: \_\_\_\_\_

2. Civil: ☐ Respondent/Defendant ☐ Petitioner/Plaintiff ☐ Witness

☐ Parent/Person *in loco parentis* ☐ other: \_\_\_\_\_

Language (*choose foreign or deaf and provide requested information*):

☐ Foreign language spoken: \_\_\_\_\_ Dialect (if applicable): \_\_\_\_\_

☐ Deaf/hard of hearing: ☐ American Sign Language ☐ other non-ASL type: \_\_\_\_\_

Country of origin: \_\_\_\_\_ Region/Province (if known): \_\_\_\_\_

Please give a brief description of any particular condition which may affect or limit the communication skills of the person for whom the interpreter is requested:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Requestor's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Title