

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

157 LINCOLN WAY EAST CHAMBERSBURG, PA 17201 (717) 261-3848 FAX: (717) 261-3854 T.D.D.: (717) 264-8474

CHERYL D'AMATO
DEPUTY COURT ADMINISTRATOR
ANDREW R. EVERETTS
DEPUTY COURT ADMINISTRATOR

## MARK M. SINGER COURT ADMINISTRATOR

Memorandum

To:

All practicing attorneys in the 39<sup>th</sup> Judicial District

From:

Andrew Everetts, 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:

12/18/2015

Effective immediately, 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 sent to Andy Everetts, 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: <a href="http://www.franklincountypa.gov/index.php?section=courts\_forms">http://www.franklincountypa.gov/index.php?section=courts\_forms</a>

After completion, form(s) should be sent to: Andrew Everetts, Deputy Court Administrator via email at <a href="mailto:areveretts@franklincountypa.gov">areveretts@franklincountypa.gov</a> or by fax at 717-261-3854.

| In the Court of Common F  | Pleas of      |                   | County                          |
|---|---------------|-------------------|---------------------------------|
| Commonwealth of Pennsylvania  | 1             | Casa www.hama     |                                 |
| vs.   | :<br>:<br>:   | Case number:      |                                 |
| Defendant   | :             |                   |                                 |
| Interpreter Re  | equest Notic  | e – Criminal      |                                 |
| Interpreter services are hereby requested in the abo  | ove 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 par   | rentis 🗌 ot   | her:              |                                 |
| Language (choose foreign or deaf and provide req  | uested inform | ation):           |                                 |
| Foreign language spoken:  |               | Dialect (if app   | olicable):                      |
| ☐ Deaf/hard of hearing: ☐ American  | Sign Language | e other non-      | ASL type:                       |
| Country of origin:  | Regi          | on/Province (if k | known):                         |
| Please give a brief description of any particular co<br>the person for whom the interpreter is requested: | ndition which | may affect or lin | nit the communication skills of |
|   |               |                   |                                 |
| Print Requestor's Name  | Phone         | <del></del> (     | Date                            |
| Requestor's Signature   | Title         |                   |                                 |

| In the Court of Common Pleas of  |                   | County  |
|--|-------------------|---|
| Plaintiff/Petitioner   | :                 | Case number:                                    |
| vs.  |                   |   |
| Defendant/Respondent   | :                 |   |
| Interpreter F  | Request Notice    | – Civil/Family                                  |
| Interpreter services are hereby requested in the   | e above captioned | matter as follows:                              |
| Hearing Date:  | Time:             | Courtroom:                                      |
| Location:  |                   | Type of case:                                   |
| Name of person requiring the interpreter:  |                   |   |
| Relationship to case:   Defendant/Responde   | nt Plaintiff/     | Petitioner                                      |
| Parent/Person in local   | parentis 🗌 o      | ther:   |
| Language (choose foreign or deaf and provide   | requested inform  | ation):   |
| Foreign language spoken:   |                   | Dialect (if applicable):                        |
| ☐ Deaf/hard of hearing: ☐ Ameri  | can Sign Languag  | e other non-ASL type:                           |
| Country of origin:   | Reg               | ion/Province (if known):                        |
| Please give a brief description of any particula the person for whom the interpreter is requested. |                   | may affect or limit the communication skills of |
|  |                   |   |
| Print Requestor's Name   | Phone             | Date  |
| Requestor's Signature  | Title             |   |

AOPC/ICP - 011 Rev. 12/13

## Commonwealth of Pennsylvania Magisterial District Court No. \_\_\_\_\_\_ of \_\_\_\_\_ County Case number: VS. 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: ☐ Victim ☐ Witness ☐ Juvenile Relationship to case: 1. Criminal: Defendant Parent other: Petitioner/Plaintiff Witness 2. Civil: Respondent/Defendant 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

Title

Requestor's Signature