

MONTGOMERY COUNTY
Interpreting Services Request Form

District Court No. _____
County Court at Law No. _____
Language: _____ Cause # _____
Date of service: _____ Start time: _____ End time: _____
Case Name: _____

Persons in need of services – please check ALL that apply:

<input type="checkbox"/>	Defendant
<input type="checkbox"/>	Party to a civil case
<input type="checkbox"/>	Party to a family case
<input type="checkbox"/>	Witness # of witnesses: _____
<input type="checkbox"/>	Other Please explain: _____

HAS AN UNCONTESTED AFFIDAVIT OF INDIGENCY BEEN FILED? _____
HAS THE COURT ORDERED A PARTY TO PAY COSTS? _____

Type of assignment:

<input type="checkbox"/>	Trial
<input type="checkbox"/>	Non-Trial Proceedings GREATER than 30 minutes. EXPECTED DURATION: _____
<input type="checkbox"/>	Non-Trial Proceedings LESS than 30 minutes

Services requested by:

Judge: _____
Court Staff: _____
Attorney: _____
Pro se Party: _____
Witness: _____

Special Instructions: _____

All matters more than 30 minutes in duration require an Interpreter Services Request Form. Assignments will not be scheduled without a written request.

Email completed forms to Court.Administration@mctx.org.