

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO

REQUEST FOR INTERPRETER

Plaintiff/Petitioner

-vs/and-

Defendant/Petitioner

Case No. _____

Date _____

Judge/Magistrate _____

Name of party requiring interpreter

Phone number of party or other contact person

Name of attorney/party making request

Phone number of attorney/party making request

Type of interpretive service required

Estimated amount of time interpreter needed

Hearing date

Hearing time

Type of hearing

Hearing in front of (Judge/Magistrate) _____

I hereby request interpretive services as described above. I understand that the court will arrange for an interpreter to be present as requested. I further understand that ***it is my responsibility to notify Deanna Rohe (513) 946-9139, if there is any change in the date or time of hearing***, and that if I fail to do so, I will be held responsible for payment of the interpreter's fee for time spent in attempting to attend the hearing.

Signature of Attorney/Party making request

ADMINISTRATIVE OFFICE USE ONLY

Date Interpreter Agency Contacted _____ Date Request Received _____

Name of Interpreter Agency _____ Interpreter Agency Address _____

Contact Person Name _____ Phone Number _____