



**Office of the District Court Administrator
Lycoming County
48 West Third Street
Williamsport, PA 17701**

INTERPRETER REQUEST FORM – COURT OF COMMON PLEAS

*Request for an interpreter should be submitted to the Office of the District Court Administrator not less than fourteen (14) days before the proceeding for which the interpreter is requested.**

Interpreter services are hereby requested as follows:

Case name: _____ Case No: _____

Hearing Date: _____ Time: _____ Courtroom: _____

Type of court proceeding: Criminal Civil Juvenile Traffic Other _____

Name of person requiring interpreter: _____

Person needing the interpreter is the: Defendant Plaintiff Witness Victim Parent
 Child 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: _____

County of Origin: _____ Region/Province (if known): _____

Print Requestor's Name

Phone

Date

Requestor's Signature

Title

**Please return this form to the Office of the District Court Administrator via
email: courtscheduling@lyco.org
or fax: 570-327-2293**

Request for a **sign language interpreter should be submitted at least **thirty (30)** days before scheduled hearings or trials.*