Commonwealth of Pennsylvania Bedford 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: ☐ Juvenile Defendant Victim Witness Relationship to case: 1. Criminal: Parent other: ☐ Respondent/Defendant Petitioner/Plaintiff Witness 2. Civil: 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: Phone Date Print Requestor's Name

Title

AOPC/ICP - 012 Rev. 12/13

Requestor's Signature