

**INTERPRETER REQUEST FORM**

**傳譯員申請表**

**YOU HAVE A RIGHT TO HAVE AN INTERPKETER  
PRESENT AT YOUR HEARING.**

**您有權利要求安排一名傳譯員  
出席聽證會。**

**YES I WISH TO HAVE AN INTERPRETER  
PRESENT AT THE BELOW HEARING DATE.**

**是的，我希望安排一名傳譯員  
在下方聽證會日期到場出席。**

**Language Requested:** \_\_\_\_\_

**所需語言：** \_\_\_\_\_

**Hearing Impaired (Sign):** \_\_\_\_\_  
Language (If Applicable)

**聽障人士 (簽字)：** \_\_\_\_\_  
語言 (如適用)

**Name:** \_\_\_\_\_

**姓名：** \_\_\_\_\_

**Citation Number:** \_\_\_\_\_

**罰單編號：** \_\_\_\_\_

**Hearing Date:** \_\_\_\_\_

**聽證會日期：** \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
日期

這份表格,請電郵: [Interpreters@courts.phila.gov](mailto:Interpreters@courts.phila.gov)