



First Judicial District of Pennsylvania  
 Court Reporter, Digital Recording and Interpreter Administration  
 100 South Broad Street, Second Floor  
 Philadelphia, PA 19110  
 215-683-8000  
 Elizabeth McCarrick, Language Access Coordinator

**FOREIGN LANGUAGE INTERPRETER REQUEST AND VERIFICATION FORM- PHILADELPHIA COUNTY**

\*\*\*Please Note: You must notify Interpreter Administration if you no longer need an interpreter for any reason. If you fail to cancel 48 hours prior to the hearing, you will be billed for the cost of the interpreter.

Client's Name: \_\_\_\_\_ Language: \_\_\_\_\_ Role: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Language: \_\_\_\_\_ Role: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Language: \_\_\_\_\_ Role: \_\_\_\_\_

If ASL, how many teams are needed:      1 team              2 teams

**Proceeding Information**

**CP**

**MC**

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Courtroom # and Phone #:

Courtroom Contact: \_\_\_\_\_

Court Date: \_\_\_\_\_ Start time: \_\_\_\_\_ Expected Duration: \_\_\_\_\_

Type of Proceeding: \_\_\_\_\_

**Location:**      City Hall - Broad & Market Sts., 19107                      Einstein Hospital 5583 Park Ave., 19141

**CJC 1301 Filbert St.**      1501 Arch St., 19102      5<sup>th</sup> Floor 1880 JFK Blvd., 19103      8<sup>th</sup> & Spring Garden Sts., 19123

Curran Fromhold CF 7901 State Rd., 19136                      Friends Hospital 4641 Roosevelt Blvd., 19124-Scattergood Bldg.

Juvenile Justice Service Center 91 N. 48th St., 19139                      Girard Medical Center 8th St. & Girard Ave., 19122

Other: \_\_\_\_\_

**Requestor's Information**

**Name** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**

After completing this form, please email to: [Interpreters@courts.phila.gov](mailto:Interpreters@courts.phila.gov) or Fax to: 215-683-8116. Please call 215-683-8000 with any questions.

**FOR OFFICIAL COURT USE ONLY**

**Interpreter Information**      **Agency**      **Freelance**      **Vendor #** \_\_\_\_\_ **LADC ID#** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Interpreter Name(s):** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Date emailed:** \_\_\_\_\_

**Verifying official shall fully complete below section. Please provide a copy to the interpreter and send original via inter-office mail to Elizabeth McCarrick, 100 S. Broad St., 2nd fl. Please direct all verification related questions to 215-683-8000.**

I hereby verify that the services were performed by the provider in the above-captioned case on the date and time stated.

**Start Date:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Interpreter Signature:** \_\_\_\_\_ **Was case completed?**      Yes      No

**Court Official:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*Please print name*

**Title:** \_\_\_\_\_