



**SUPERIOR COURT
ATLANTA JUDICIAL CIRCUIT
EMERGENCY COURT INTERPRETER
REQUEST FORM**



Email to: SCA.Interpreters@fultoncountyga.gov

Fax: 404-730-5368

(***)Please complete *entire* form - Incomplete forms cannot be processed)

Assignment Information					
Today's Date:		Your Name:		Phone #:	
Assignment Date(s):		Language:		Dialect:	
Circle one: JCT FCC JAIL Other		Judge:	Courtroom:		Department:
Location/Address: _____ _____			Start Time (30 minutes increments): <input type="checkbox"/> A. M. <input type="checkbox"/> P. M.		
			End Time (30 minutes increments): <input type="checkbox"/> A. M. <input type="checkbox"/> P. M.		
Onsite Contact Person:			Onsite Contact Phone #:		
Interpreting Services for: <input type="checkbox"/> Defendant <input type="checkbox"/> Victim <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Witness <input type="checkbox"/> Other			# of Interpreters Needed (e.g. trials/motions etc) (*2 hours or more requires 2 Interpreters)		
Case Information					
Case/Civil Action #			Party Name (who needs the services):		
Charge(s):			Attorney: <input type="checkbox"/> Public Defender <input type="checkbox"/> Private Attorney <input type="checkbox"/> Legal Aide <input type="checkbox"/> Other: _____		
Type of Case: <input type="checkbox"/> Trial <input type="checkbox"/> Bond Hearing <input type="checkbox"/> Plea <input type="checkbox"/> Divorce <input type="checkbox"/> Pretrial <input type="checkbox"/> Motions <input type="checkbox"/> Prelim. Hearing <input type="checkbox"/> Sentencing <input type="checkbox"/> All Purpose Hearing <input type="checkbox"/> Ex Parte <input type="checkbox"/> Viol. of Probation <input type="checkbox"/> Interview <input type="checkbox"/> Intake <input type="checkbox"/> 12 Month Status <input type="checkbox"/> Jail Interview <input type="checkbox"/> Temporary Protective Order (TPO) <input type="checkbox"/> 1 st Appearance <input type="checkbox"/> Other: _____					
<u>Interpretation/Translation Needed: Please indicate which services are needed below.</u>					
<input type="checkbox"/> Oral Interpretation Only <input type="checkbox"/> Written Document and/or Text Translation Only <input type="checkbox"/> Both Oral Interpretation and Written Document and/or Text Translation <input type="checkbox"/> Video <input type="checkbox"/> Audio Who is in possession of the video/audio media? _____ <p align="right">** At least 24 hours' notice for video/audio, if possible. **</p>					
Signature:					

1. Please complete this form and email/ fax it to the Assignment Coordinator **Jared Earley FCC/C-640**
2. The Assignment Coordinator will confirm the appointment with the requesting personnel via a calendar request in Outlook.

Email: sca.interpreters@fultoncountyga.gov

Phone Number: (404) 612-4518

Fax Number: (404) 730-5368