



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

### INTERPRETER REQUEST FORM

*Request for interpreter should be submitted to the court not less than fourteen (14) days before the proceeding for which the interpreter is requested.\**

Date of Request: \_\_\_\_\_

Language: \_\_\_\_\_

Type of court proceeding:  Criminal  Civil  Juvenile  Traffic  Other \_\_\_\_\_

Name of person requiring interpreter: \_\_\_\_\_

Case name \_\_\_\_\_ Case No \_\_\_\_\_

Person needing the interpreter is the:  Defendant  Plaintiff  Witness  Victim  Parent  
 Child  Other \_\_\_\_\_

Hearing/Trial Date Time: \_\_\_\_\_ Courtroom: \_\_\_\_\_

Location of Hearing/Trial: \_\_\_\_\_

\_\_\_\_\_  
Requestor's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Title

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**Please return this form to Court Administrator's Office**

**Fax: 570-327-2293**

**Email: [eferguson@lyco.org](mailto:eferguson@lyco.org)**

*\* Request for **sign language interpreter** should be submitted to the court at least **thirty (30)** days before **all-day hearings** or **trials** scheduled.*