

KING COUNTY SUPERIOR COURT
Office of Interpreter Services (206) 296-9358

REQUEST FOR INTERPRETER SERVICES – TRUANCY CASES

DATE OF REQUEST: _____

Case Name: _____

Cause #: _____ SEA

School District: _____
Contact Person: _____ Phone #: _____
School District Representative making this request: _____

Please check the type of Hearing for this request:

<input type="checkbox"/> Truancy Class	<input type="checkbox"/> Contempt
<input type="checkbox"/> Contempt Class	<input type="checkbox"/> Review
<input type="checkbox"/> Preliminary Hearing	

Person(s) Requiring Interpreter	
Name: _____	Language: _____
Relation (if other than student) <u>Parent/Guardian</u>	
Name: _____	Language: _____
Relation (if other than student) <u>Parent/Guardian</u>	
Name: _____	Language: _____
Relation (if other than student) <u>Parent/Guardian</u>	

Comments:

Please attach this form to Truancy Paperwork and forward to: _____

This portion will be completed by Superior Court Employee

Hearing Date: _____ Time: _____ Location: _____
Case Number: _____