

**Skamania County Superior Court
Request for Interpreter**

Case Number: _____ Date: _____ Time: _____

Case Name: _____

Type of hearing: _____

Plaintiff / Petitioner: _____ Interpreter Needed

Respondent / Defendant: _____ Interpreter Needed

Person in need of Interpreter:

Party Testifying Witness Victim Parent

Other: If this box checked please explain:

Language Being Interpreted: _____

For Court Administrator Use Only:

Interpreter Name: _____ Certified Not Certified

Confirmed Date: _____

Certified Interpreter Waiver Form Signed.

Sworn in by Judge / Commissioner

RETURN FORM TO COURT ADMINISTRATOR NO LESS THAN 7 DAYS PRIOR TO HEARING DATE. IF
FORM IS NOT RETURNED IN THE GIVEN TIME FRAME, NO INTERPRETER WILL BE PROVIDED.

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