

Community Legal Interpreter Bank Translation Request Form

Email requests as an attachment to InterpreterBank@ayuda.com (please CC the appropriate point of contact that will need the translated document) with subject line: "Translation Request." **Please include the document.**

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| Requesting Organization: | |
| Requesting Attorney/Paralegal Name and Phone Number: | |
| Name of individual and email address to which translated documents should be sent: | |
| Translation Needed (i.e. English to Spanish) (include Country of dialect if known, i.e. Spanish, Honduras): | |
| Translation is for (Please check off, bold, circle, or highlight any that apply): | <input type="checkbox"/> Client who is a DC resident or has a DC case/legal matter <input type="checkbox"/> Organizational forms that may be used with clients who are DC residents or have a DC case/matter <input type="checkbox"/> Outreach purposes for potential clients residing in DC |
| Date Translation Needed (<24 hours adds extra fee): | Month/Day/Year |
| Level of Service Requested (choose all that apply) (extra fees may apply for Proofreading, Revision, and/or Editing): | <input type="checkbox"/> Standard Translation <input type="checkbox"/> Independent Proofreader <input type="checkbox"/> Revision <input type="checkbox"/> Editing |
| Special Requests and/or additional notes for translator: | |
| Document format: | <input type="checkbox"/> PDF <input type="checkbox"/> Publisher <input type="checkbox"/> Word <input type="checkbox"/> PowerPoint <input type="checkbox"/> Excel <input type="checkbox"/> Other: |
| Type of Legal Case (choose all that apply): | <input type="checkbox"/> Immigration <input type="checkbox"/> Housing <input type="checkbox"/> Public Benefits <input type="checkbox"/> Employment <input type="checkbox"/> Consumer <input type="checkbox"/> Family <input type="checkbox"/> Involves Trauma/Abuse <input type="checkbox"/> Other: |
| Are you offering this client services related to his or her being a victim of crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Audience for translation: | <input type="checkbox"/> Attorney/Judge <input type="checkbox"/> Client/Potential Client <input type="checkbox"/> Community Outreach <input type="checkbox"/> Other: |
| Client Name and DOB (for translator conflict check): | |
| Opposing Party Name and DOB (for conflict check): | |
| Need a Certificate of Translation? (Immigration Court documents...) (choose one): | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have my own form (please see attached) |