



Victim Services Interpreter Bank

Translation Request Form



Email document translation request forms to InterpreterBank@ayuda.com (please CC the appropriate point of contact that will need the translated document) with subject line: "Translation Request."

Remember to include the document to be translated.

Organization Making Request:	
Requester's Name	
Requester's Phone Number	
Requester's Email:	
Language(s) document should be translated into or language of document to be translated into English:	
Origin Country of Document:	
For documents produced by a state court or government agency, have you requested that it be translated by the entity that produced it?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable
Are there any parts that do not need to be translated? If so, indicate here: (Ex: acknowledgements, introductory paragraphs, language that has already been translated elsewhere)	
Special Request/Additional Information	
Date Translation Needed (<24 hours adds \$35 rush fee/page in Spanish ONLY):	
Level of Service Requested (Choose all that apply)	<input type="checkbox"/> Standard Translation <input type="checkbox"/> Independent Proofreader (extra fees apply)
Document Type	<input type="checkbox"/> Word <input type="checkbox"/> PDF <input type="checkbox"/> Publisher <input type="checkbox"/> PowerPoint <input type="checkbox"/> Excel <input type="checkbox"/> Other:
Document Layout & Format (Extra charges may apply, choose one)	<input type="radio"/> Must be exact <input type="radio"/> Keep Similar <input type="radio"/> Any Layout/Format
Audience for translation	Law Enforcement Medical Professional Client/Patient Community Outreach Other:
Need a Certificate of Translation?	Yes No I have attached my own form
Is this document client-specific?	Yes (Do continue to complete form) No (Do not complete the rest of the form)
Has your organization provided demographic information for this client to the Victim Services Interpreter Bank (either through Salesforce, LanguageLine prompts, or this form) already this quarter?	Yes (Do not complete the remaining form) No (Do complete the remaining form) I do not know (Do complete the remaining form)

<p>Did the client ever self-identify themselves as one or more of the following categories?</p> <table border="0"> <tr> <td>Deaf/Hard of Hearing</td> <td>Homeless</td> </tr> <tr> <td>Immigrants/Refugees/Asylum Seekers</td> <td>LGBTQ</td> </tr> <tr> <td>Victims with Disability: Physical</td> <td>Veterans</td> </tr> <tr> <td>Victims with Disability: Cognitive</td> <td>Other</td> </tr> <tr> <td>Victims with Disability: Physical</td> <td>No/None</td> </tr> <tr> <td>Victims with Disability: Mental</td> <td>Unknown</td> </tr> <tr> <td>Victims with Limited English Proficiency</td> <td></td> </tr> </table>	Deaf/Hard of Hearing	Homeless	Immigrants/Refugees/Asylum Seekers	LGBTQ	Victims with Disability: Physical	Veterans	Victims with Disability: Cognitive	Other	Victims with Disability: Physical	No/None	Victims with Disability: Mental	Unknown	Victims with Limited English Proficiency		<p>Is this client a new or continuing client this quarter?</p> <p>New – Client began service during this reporting period</p> <p>Continuing – Client began service during a prior reporting period but has continued receiving service in this reporting period</p> <p>I do not know</p>						
Deaf/Hard of Hearing	Homeless																				
Immigrants/Refugees/Asylum Seekers	LGBTQ																				
Victims with Disability: Physical	Veterans																				
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Victims with Disability: Mental	Unknown																				
Victims with Limited English Proficiency																					
<p>Assuming the client is a DC resident, what is the client’s DC zip code?</p> <p>_____ Out of the District</p> <p>No Fixed Address Unknown</p>	<p>Is the client a primary or secondary crime victim?</p> <p>Primary Secondary Unknown</p>																				
<p>What is the client’s stated race or ethnicity?</p> <table border="0"> <tr> <td>American Indian/Alaska Native</td> <td>Hispanic/Latino</td> </tr> <tr> <td>Asian/Native Hawaiian/other Pacific Islander</td> <td></td> </tr> <tr> <td>Black/African American</td> <td>African</td> </tr> <tr> <td>White Non-Latino/Caucasian</td> <td>Two or more races</td> </tr> <tr> <td>Other</td> <td>Unknown</td> </tr> </table>	American Indian/Alaska Native	Hispanic/Latino	Asian/Native Hawaiian/other Pacific Islander		Black/African American	African	White Non-Latino/Caucasian	Two or more races	Other	Unknown	<p>What is the client’s age?</p> <table border="0"> <tr> <td>0 – 10</td> <td>31 - 34</td> </tr> <tr> <td>11 – 12</td> <td>35 - 59</td> </tr> <tr> <td>13 – 17</td> <td>60 - 65</td> </tr> <tr> <td>18 – 24</td> <td>66 and older</td> </tr> <tr> <td>25 – 30</td> <td>Unknown</td> </tr> </table>	0 – 10	31 - 34	11 – 12	35 - 59	13 – 17	60 - 65	18 – 24	66 and older	25 – 30	Unknown
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<p>What is the client’s gender identity?</p> <table border="0"> <tr> <td>Male</td> <td>Transgender Male</td> <td>Unlisted</td> </tr> <tr> <td>Female</td> <td>Transgender Female</td> <td>Unknown</td> </tr> </table>	Male	Transgender Male	Unlisted	Female	Transgender Female	Unknown	<p>Is the client a campus victim? Yes No</p> <p>Is the client a military victim? Yes No</p>														
Male	Transgender Male	Unlisted																			
Female	Transgender Female	Unknown																			
<p><u>Check all that apply regarding the client’s victimization type (VOCA)</u></p> <ul style="list-style-type: none"> Adult Physical Assault (Includes Aggravated and Simple Assault) Adult Sexual Assault Adult Sexually Abused/Assaulted as Children Arson Bullying (Verbal, Cyber, or Physical) Burglary Child Physical Abuse or Neglect Child Pornography Child Sexual Abuse/Assault Domestic and/or Family Violence DUI/DWI Incidents Elder Abuse or Neglect Hate Crime: Racial Hate Crime: Religious Hate Crime: Gender Hate Crime: Sexual Orientation Hate Crime: Other (if “Other,” explanation required: _____) Human Trafficking: Labor Human Trafficking: Sex Identity Theft/Fraud/Financial Crime Kidnapping (Non-custodial) Kidnapping (Custodial) Mass Violence (Domestic/International) Other Vehicular Victimization (e.g., Hit and Run) 	<p><u>Check all that apply regarding the client’s victimization type (OVSJG)</u></p> <ul style="list-style-type: none"> Adult Survivor of Childhood Sexual Assault Arson Assault/Attempted Homicide Bullying Child Physical Abuse Child Sexual Abuse Child Exposed to Violence DUI/DWI Elder Abuse Family Violence or Abuse Hate/Bias Crime Homicide Human Trafficking Identity Theft/Fraud Intimate Partner Violence Kidnapping Robbery Sexual Assault (Adult or Minor) Stalking Terrorism Other 																				