

# Community Legal Interpreter Bank

## Translation Request Form

Email requests as an attachment to [InterpreterBank@ayuda.com](mailto: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.**

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"/> <u>Client who</u> is a DC resident or has a DC case/legal matter <input type="checkbox"/> <u>Organizational forms</u> that may be used with clients who are DC residents or have a DC case/matter <input type="checkbox"/> <u>Outreach purposes</u> 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):	
If this translation is client-specific, please mark the ward in which the client resides:	<input type="checkbox"/> Ward 1 <input type="checkbox"/> Ward 2 <input type="checkbox"/> Ward 3 <input type="checkbox"/> Ward 4 <input type="checkbox"/> Ward 5 <input type="checkbox"/> Ward 6 <input type="checkbox"/> Ward 7 <input type="checkbox"/> Ward 8 <input type="checkbox"/> No Ward, Unknown, or Homeless
Opposing Party Name and DOB (for conflict check):	
<b>Need a Certificate of Translation?</b> (Immigration Court documents...) (choose one):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have my own form (please see attached)