

## Community Legal Interpreter Bank Interpreter Request Form

- Email requests as an attachment to [interpreterbank@ayuda.com](mailto:interpreterbank@ayuda.com) with subject line: "Interpreter Request."
- **Please attach any documents the interpreter will sight translate.**
- The minimum billing time is 2 hours. If the case is cancelled within 24 hours for spoken interpretation or 48 hours for sign language interpretation, you will be charged this minimum.
- All specific interpreter requests must be coordinated beforehand and indicated on the form.

*By submitting this form, the requesting firm agrees to adhere to all of the terms and conditions of the service agreement between Ayuda and the requesting firm.*

|   |  |  |   |
|---|--|--|---|
| <b>Requesting Firm</b>  |  |  |   |
| <b>Location and Address of Meeting</b>  |  |  |   |
| <b>On-Site Point of Contact</b>   |  |  |   |
| <b>Mark all that apply</b>  |  | <input type="checkbox"/> First Meeting <input type="checkbox"/> Follow-up Meeting<br><input type="checkbox"/> Meeting already confirmed with interpreter   |   |
| <b>Language and Country of Client</b>   |  |  |   |
| <b># People Impacted/<br/>Served</b>  |  | <b>Client Residency</b>  | <input type="checkbox"/> Washington, D.C. <input type="checkbox"/> Maryland<br><input type="checkbox"/> Virginia                      Other |
| <b>Special Requests</b><br><i>(Gender, Outside Travel, etc.)</i>  |  |  |   |
| <b>Time, Date, estimated length of session</b><br><i>(Consider time for pre-session with interpreter)</i> |  |  |   |
| <b>Alternate Times and Dates</b>  |  |  |   |
| <b>Type of Legal Case</b><br><i>(choose all that apply)</i>   |  | <input type="checkbox"/> Immigration <input type="checkbox"/> Housing <input type="checkbox"/> Public Benefits<br><input type="checkbox"/> Employment <input type="checkbox"/> Consumer <input type="checkbox"/> Family<br><input type="checkbox"/> Involves Trauma/Abuse<br><input type="checkbox"/> Other: |   |
| <b>Are you offering this client services related to his or her being a victim of crime?</b>               |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |   |
| <b>Type of Meeting</b><br><i>(choose one)</i>   |  | <input type="checkbox"/> Intake <input type="checkbox"/> Client Interview<br><input type="checkbox"/> Administrative Hearing <input type="checkbox"/> Court Hearing<br><input type="checkbox"/> Other:   |   |
| <b>Client Name and DOB</b><br><i>(interpreter conflict check)</i>   |  |  |   |
| <b>Opposing Party Name and DOB</b><br><i>(conflict check)</i>   |  |  |   |
| <b>Sight Translation of Document(s)</b>   |  | <input type="checkbox"/> Yes <i>(attach documents to request form)</i> <input type="checkbox"/> No   |   |