ISR Form

FORT BEND COUNTY JUSTICE CENTER

Interpreting/Translation Services Request Form

If requested, the Court will provide an interpreter at no cost to the LEP litigant or witness. ***It is the responsibility of the attorney or LEP individual to complete the request form and return it to the Court, either in person or by email.***

- ☐ **District Court No. _____**
- ☐ **County Court at Law No. _____**
- ☐ **Magistrate Court**
- ☐ **Other _____**

Case Name: _____ Cause # _____

Language Requested: _____

ASL/Other Interpretation Accommodation Requested: _____

Date and Time of Service: _____Expected duration of the assignment: ___hours/days

The person requesting services is a:

- ☐ Defendant
- ☐ Party to a civil case
- ☐ Parent of a minor
- ☐ Witness
- ☐ Other. Please explain: _____

Type of assignment: _____ *(plea, trial, motion, etc..)*

- ☐ In Person Interpretation (will require whispering equipment)
- ☐ Remote Interpretation. [ ] telephone [ ] Video, specify platform: Zoom or Webex
- ☐ Written Translation

Services requested by:

- ☐ Judge _____
- ☐ FBCJ Staff _____
- ☐ Attorney_____
- ☐ Parties_____
- ☐ Pro se_____

Special Instructions:

_____

_____

_____

Completed forms should be delivered to the Court Coordinator or emailed to the Language Access Director at languageaccess@fbctx.gov. For questions or concerns about language access services, please contact the Language Access Director at 281-633-7658 or languageaccess@fbctx.gov.

FOR OFFICE USE ONLY:

Authorized by: _____ on: _____, 20____

Name of the interpreter: _____ License # _____

Date of service: _____, 20____ Start time: _____ End time: _____

Last revised 11.12.21