

In the Court of Common Pleas of \_\_\_\_\_ County  
\_\_\_\_\_ 县民事法院

\_\_\_\_\_  
Plaintiff/Petitioner  
原告

Vs./ 诉

\_\_\_\_\_  
Defendant/Respondent  
被告

:  
:  
Case number: \_\_\_\_\_  
案件编号:  
:  
:  
:  
:  
:  
:

**Interpreter Request Notice - Family**  
**口译员申请通知- 家庭**

Interpreter services are requested in the above captioned matter as follows:

标题如上之事项申请口译员服务，如下所示：

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom/Office: \_\_\_\_\_  
听证日期: \_\_\_\_\_ 时间: \_\_\_\_\_ 法庭/办公室: \_\_\_\_\_

Address/Location: \_\_\_\_\_  
地址/位置: \_\_\_\_\_

**Case type and proceeding** (Select Domestic Relations or Juvenile and check all that apply):

**案件类型和程序** (选择家庭关系或青少年并勾选所有适用项):

Domestic Relations:

- PFA
- Custody
- Support
- Divorce
- Mediation
- Contempt
- Modification
- Paternity
- Psych Evaluation
- Other: \_\_\_\_\_

家庭关系:

- 受虐保护
- 监护
- 抚养
- 离婚
- 调解
- 藐视
- 修改
- 亲权
- 心理评估
- 其他: \_\_\_\_\_

Juvenile:

- Dependency
- Delinquency
- Truancy
- Permanency
- Adoption
- Adjudicatory

青少年:

- 依赖
- 犯罪
- 旷课
- 永久居住
- 收养
- 审判监督

- Termination
- Detention
- Probation
- Other: \_\_\_\_\_

- 终止
- 拘留
- 缓刑
- 其他: \_\_\_\_\_

**Proceeding:**

- Motion
- Preliminary
- Hearing
- Master
- Trial
- Status
- Other: \_\_\_\_\_

**程序:**

- 动议
- 初步程序
- 听证
- 主程序
- 审判
- 状态
- 其他: \_\_\_\_\_

**Name of person (LEP) needing the interpreter:**

\_\_\_\_\_

**需要口译员的人员姓名 (LEP):**

\_\_\_\_\_

**LEP relationship to case:**

- Defendant/Respondent
- Plaintiff/Petitioner
- Witness
- Minor/Child
- Juvenile
- Parent/Person *in loco parentis*
- other: \_\_\_\_\_

**LEP 与案件的关系:**

- 被告
- 原告
- 证人
- 未成年人/儿童
- 青少年
- 父母/ *in loco parentis* 人
- 其他: \_\_\_\_\_

**Language (Select foreign or sign language and provide all requested information):**

**Foreign language:**

- Language spoken: \_\_\_\_\_
- Dialect (if applicable): \_\_\_\_\_

**语种 (选择外语或手语并提供所有必要信息)**

**外语:**

- 所用语言: \_\_\_\_\_
- 方言 (如适用): \_\_\_\_\_

**Sign language:**

- American Sign Language
- other non-ASL: \_\_\_\_\_
- Foreign sign language (country): \_\_\_\_\_

**手语:**

- 美国手语
- 其他非 ASL: \_\_\_\_\_
- 外国手语 (国家): \_\_\_\_\_

**Country of origin: \_\_\_\_\_**

**原籍国: \_\_\_\_\_**

**Region/Province (if known): \_\_\_\_\_**

**地区/省份 (如已知): \_\_\_\_\_**

Does the LEP speak a second language?  Yes  No

LEP 是否说另一种语言?  是  否

Other language: \_\_\_\_\_

其他语言: \_\_\_\_\_

Please provide additional information about the communication preferences of the limited English speaker.

请提供关于英语能力有限者的沟通偏好的更多信息。

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Print Requestor's Name  
申请人正写姓名

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Date  
日期

---

Phone  
电话

---

Requestor's Signature  
申请人签名

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Title  
职务

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E-mail  
电子邮箱