



INTERPRETER REQUEST FORM

Name and mailing address of person needing a spoken language interpreter:

Email: _____

Phone: _____

Role in case (petitioner/appellant, witness, or other (please specify)):

If you completed this form and are assisting the person needing language assistance, your name, email, and phone number:

Case Name: _____

Docket Number: _____

Date(s) interpreter needed (mm/dd/yy):

Specific language requested:

Español (Spanish)

Hmoob (Hmong)

Soomaali (Somali)

Việt (Vietnamese)

አማርኛ (Amharic)

ភាសាខ្មែរ (Khmer)

ພາສາລາວ (Lao)

Another language _____

INSTRUCTIONS

Contact information: Please provide the full contact information for the person seeking a spoken language interpreter. If someone other than the person seeking a spoken language interpreter is completing this form, or providing assistance with the request, please provide contact information where that person may be reached for additional information if necessary.

Role in case: Please state whether the person seeking a spoken language interpreter is a party, a witness, or has another relationship to the case (if another, please be specific).

Date interpreter needed: If an interpreter is needed for a hearing, trial, or conference, please state the dates. If an interpreter is needed on another basis or on an ongoing basis, please describe.

Specific language requested: Please check the box for the language requested. If the language is not listed, please fill in the blank.

Please submit your request 10 calendar days before the date of the request by email to MN.Accessibility.Taxcourt@state.mn.us (or, if necessary, by US Mail or hand delivery to the court, to Court Administrator, 245 Minnesota Judicial Center, 25 Rev. Dr. Martin Luther King Jr. Blvd., Saint Paul, MN 55101).

Requests do not have to be filed with the court pursuant to the rules of procedure or served on opposing parties. The court may contact the requester for further information.