MARYLANS		OURT 🗌 DISTRIC	CT COURT OI	F MARYLAN	ND FOR City/County	
Unall	Located at	Court Add	Court Address			
SICIA	STATE OF N o	r				
	Disintiff	Datitionan	VS.		Defendant/Respondent	
	Plaintill/1	REQUEST FOR SF				
Requests f the interpr	for interpreter shou eter is requested.				)) days before the proceeding f	or which
Type of co	ourt proceeding:	Criminal Civil	Traffic	Juvenile	Family Other:	
If this requ	est is for Juvenile	, please check the app	ropriate box:	Delinque	ent 🗌 Child in Need of Assist	ance (CINA
Child in	Need of Supervis	ion (CINS) 🗌 Termin	ation of Parenta	al Rights (TPR)	R) Adoption Other:	
1. Hearing	g/trial date:			Time:	Courtroom:	
An inter	rpreter is needed f	or THIS HEARING O	OR EVENT ON	LY.		
I am a p THIS C	oarty (Plaintiff or I ASE, unless indic	Defendant) and need an ated otherwise.	n interpreter FC	OR ALL HEAH	RINGS & EVENTS RELATE	ED TO
2. Location	n of hearing/trial:				ANGUAGE:	
4. DIALE	СТ:	5. Country & regi	ion where langu	age is spoken	n (do not omit):	
Name of P	Person Requesting	Interpreter:				
Name of P	Person Who Needs	Interpreter:				
Person Ne	eding Interpreter i	s the:				
Defenda	ant/Respondent f/Petitioner	Attorney Victim	nber or guardiar	n of a victim w	who is a minor, deceased, or di	isabled)
Witness	s for: the Defe	ndant/Respondent	the State 🗌 t	he Plaintiff/Pe	etitioner 🗌 Other:	
NOTICE: request. A	: If a court heari An interpreter wil	ng or proceeding is p l be provided for the	oostponed or co new hearing o	ontinued, you late.	do not need to make a new i	interpreter
	Da	te		Signature of	of Applicant/Applicant's Attorney or Repres	sentative
	Printed	Name			Telephone Number	
	Addı	ress			Fax	
	City, Sta	nte, Zip			E-mail	
			TIFICATE OF			
		of this Motion / reque ostage prepaid  har			to:	
	Nai	ne			Address	
	Nai	me			Address	
a a =	Da	te			Signature of Party Serving	
CC-DC-04	41 (Rev. 07/2015)					