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| OFFICE OF ADMINISTRATIVE COURTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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|  | Claimant, | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | vs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | 🟂 **COURT USE ONLY** 🟂 | | | | | | | | | | | | |
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|  | Employer and | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | To be determined | | | | | | |
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|  | Respondent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | (WC/Case Number) | | | | | | | | | | | | |
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| INTERPRETeR Request | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I am filing this along with an Application for Hearing form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | I am requesting an interpreter for the following scheduled hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Date of Hearing: | | | | | | | |  | | | | | | | | | |  | | Location of Hearing: | | | | | | |  | | | | | | | | | | | | | | | |  |
| Start Time: | | | | | | | | | | |  | |  | | Judge: | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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| Please click the box below that best describes the type of interpreter you are requesting. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | I have limited English proficiency (LEP) and require an interpreter for the following language: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Spanish | | | | |  | | | Russian | |  | | French | | | | |  | | Korean | |  | Vietnamese | | | | | | | | |  | | | | | |  | | | |  |
|  | | Other | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I am requesting a reasonable accommodation under the Americans With Disabilities Act (ADA). I am requesting an: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | American Sign Language (ASL) Interpreter | | | | | | | | | | | | | | |  | | | | Communication Access RealTime Translation (CART) | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Other | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Person Requesting an Interpreter** (If submitted for another person, indicate the party requiring assistance)**:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | |  | | | | | | | | | | | | Last Name | | | | | |  | | | | | | | | | | MI | | | |  | | Suffix | |  | |  | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Role | | | | |  | | | | | | |  | | |
| E-mail | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | |  | | |
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| By signing this request, I certify that the above information is true and correct to the best my abilities. I further acknowledge that the filing of this form with the Office of Administrative Courts **does not** constitute filing an appeal of this case. I further acknowledge that additional filing requirements may need to be met pursuant to any and all applicable rules of the agency/department involved. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you are submitting this and you are not the person identified above, please provide the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| First Name | | | |  | | | | | | | | | | | | Last Name | | | | | |  | | | | | | | | | | MI | | | |  | | Suffix | |  | |  | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Role | | | | |  | | | | | | |  | | |
| E-mail | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | |  | | |
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|  | | | Signature | | | | | | | | | | | | | | | | | | | | | |  | Attorney Registration Number | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | REV 08/19 | | | | | | | | | |