

State of Colorado Office of Administrative Courts		▲ Court Use Only ▲
<input type="checkbox"/> 1525 Sherman St., 4 th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us <input type="checkbox"/> 1330 Inverness Drive, Suite 330, Colo. Springs, CO 80910 Email: oac-csp@state.co.us <input type="checkbox"/> 222 S. 6 th Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us		
<div style="margin-bottom: 10px;"> _____ Claimant, </div> <div style="margin-bottom: 10px;"> v. </div> <div style="margin-bottom: 10px;"> _____ Employer/Respondent, and </div> <div> _____ Insurer/Respondent. </div>		
Interpreter Request		
<input type="checkbox"/> I am filing this along with an Application for Hearing Form. <input type="checkbox"/> I am requesting an interpreter for the following scheduled hearing: Hearing Date: _____ Start Time: _____ Hearing Location: _____		
Please check the box below that best describes the type of interpreter you are requesting.		
<input type="checkbox"/> I have limited English proficiency (LEP) and require an interpreter for the following language: <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> French <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other I am requesting a reasonable accommodation under the Americans With Disabilities Act (ADA). I am requesting: <input type="checkbox"/> American Sign Language (ASL) Interpreter <input type="checkbox"/> Communication Access Real Time Translation (CART) <input type="checkbox"/> Other		
Person Requesting an Interpreter (If submitted for another person, indicate the person requiring assistance):		
First Name: _____	Last Name: _____	
Company: _____	Role: _____	
Email: _____	Phone: _____	
If you are submitting this form and you are not the person identified above, please provide the following information:		
First Name: _____	Last Name: _____	
Company: _____	Role: _____	
Email: _____	Phone: _____	