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| State of Colorado | 🟂 **Court Use Only** 🟂 |
| Office of Administrative Courts |
| [ ]  1525 Sherman St., 4th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us[ ]  2864 S. Circle Dr, Ste 810, Colo. Springs, CO 80906 Email: oac-csp@state.co.us[ ]  222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us |
|  |  |  |
| Claimant, |
| v. | **WC Number:** |
|  |  |  |  |  |  |
|  | Employer/Respondent, and |  |  |
|  |  |  | **Date of Injury:** |
|  | Insurer/Respondent. |  |   |  |  |
|  |  |
| **Interpreter Request** |
| [ ]  | I am filing this along with an Application for Hearing Form. |
| [ ]  | 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.** |
| [ ]  | 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: |
| [ ]  | American Sign Language (ASL) Interpreter | [ ]  | Communication Access Real Time Translation (CART) |
| [ ]  | 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: |