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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. | | | | | | | | | | | | |  | | | | |  |  | |  |
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| **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: | | | | | | |