

**STATE OF COLORADO
OFFICE OF ADMINISTRATIVE COURTS**

Choose an item.

Claimant,

vs.

Employer and

Respondent.

▲ COURT USE ONLY ▲

CASE NUMBER:

To be determined

(WC/Case Number)

INTERPRETER REQUEST

I am filing this along with an Application for Hearing form.

I am requesting an interpreter for the following scheduled hearing

Date of Hearing: _____ Location of Hearing: _____

Start Time: _____ Judge: _____

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 _____

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 _____

By signing this request, I certify that the above information is true and correct to the best of 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 _____

X _____
Signature

Attorney Registration Number