

**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