|  |  |
| --- | --- |
| STATE OF COLORADO |  |
| OFFICE OF ADMINISTRATIVE COURTS |  |
| Choose an item. |  |
|  |  |  |  |
|  | Claimant, |  |  |
|  | vs. |  | 🟂 **COURT USE ONLY** 🟂 |
|  |  |  | **CASE NUMBER:** |
|  | Employer and |  |[ ]  To be determined |
|  |  |  |  |  |  |
|  | Respondent. |  | (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 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  |  |
|  |  |  | REV 08/19 |