

IN THE _____ COURT OF _____ COUNTY, WEST VIRGINIA

Case No.: _____

Plaintiff / Petitioner

v.

Defendant /Respondent

**REQUEST FOR SIGN AND/OR ORAL LANGUAGE INTERPRETER
FOR THE DEAF OR HEARING IMPAIRED**

1. On behalf of or as a Party / Witness / Juror / Other _____
(clearly define role)
in the above-styled matter which is scheduled for hearing or other matter on the _____ day of
_____, 20_____ at _____.
(Time)

2. I request the appointment of a qualified interpreter/translator to assist me (**check applicable boxes**):
in preparation with counsel and/or
during in-Court proceedings.

3. My request is for the following type(s) of interpreter(s)/translator(s) (**check applicable boxes**):
a sign-language interpreter and/or
an oral interpreter who interprets spoken language through facial and lip movements.

I hereby certify that I am or am acting on behalf of one who is deaf, a deaf mute, or otherwise hearing impaired
(W.Va. Code §57-5-7(a)).

Date

Signature of Requestor