

**ADMINISTRATIVE OFFICE OF THE TRIAL COURT**  
**Request For Interpreter**  
**Office of Court Interpreter Services (A.O.T.C.) 800-572-5027 x343 Fax: 617-367-9293**  
**E-mail address: [Interpreter.requests@jud.state.ma.us](mailto:Interpreter.requests@jud.state.ma.us)**

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(Please type or print clearly)

**Court Name:** \_\_\_\_\_

**Report To:** \_\_\_\_\_

**Language Requested:** \_\_\_\_\_

(Enter Country of origin if language is unknown)

**Date Needed:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **For:**  2hrs  4hrs  Telephone Interpreting

**Name of Case:** \_\_\_\_\_

(First)

(Last)

**To Assist (Name):** \_\_\_\_\_

Defendant

Victim

Witness

Parent

Plaintiff

**Docket #:** \_\_\_\_\_

**Offense (Charge) / Case Matter:** \_\_\_\_\_

(List charge(s) Do Not Abbreviate)

**Type of Proceeding:** \_\_\_\_\_

(Do Not Abbreviate)

**A.D.A./Attorney:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Defense Attorney:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Judge:** \_\_\_\_\_

**Court Liaison:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Today's Date:** \_\_\_/\_\_\_/\_\_\_

<b>Additional Note(s):</b>          
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