



# REQUEST FOR SPOKEN LANGUAGE INTERPRETER

Requests for spoken language interpreters should be submitted not less than ten (10) days before the proceeding for which the spoken language interpreter is requested.

Name of person needing spoken language interpreter:

Name of person requesting spoken language interpreter (if different person):

Person needing spoken language interpreter is:  Party  Witness  Attorney

Other (*specify*):

Applicant requests spoken language interpreter for:

1. Case name & number:

2. Hearing Date:

Time:

3. Language:

Amharic

Hindi

Romanian

Arabic

Japanese

Spanish

Chinese – Cantonese

Korean

Urdu

Chinese – Mandarin

Persian / Farsi

Vietnamese

French

Italian

Other:

German

Russian

4. Dialect:

5. Country & region where language is spoken (do not omit):

**NOTE:** If requesting a **Request for Accommodation for Person with a Disability (ADA)** please use the Request for Accommodation for Person with a Disability (ADA) form.

Specific case-related questions (e.g. postponements) should not be made on this form.

I certify that to the best of my knowledge this information is true and correct.

Signature of Requesting Party \_\_\_\_\_

Printed Name \_\_\_\_\_

Date: \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

**Return this form to: Office of Administrative Hearings, 11101 Gilroy Road, Hunt Valley, MD 21031, fax to (410) 690-8863 or email to [OAH.SpokenLanguage@maryland.gov](mailto:OAH.SpokenLanguage@maryland.gov).**