

Application for Appointment of a Court Interpreter

A separate application should be submitted for each party who needs an interpreter and for each witness or group of witnesses who speak the same foreign language.

To request appointment of a translator to do a **written translation** of a court-related document or audio or video recording, use the form titled "Application for a Written Translation of Court-Related Material."

Note: If a person needs an interpreter for services provided by other government agencies, contact the agency. For example: **Department of Corrections** for a presentence investigation; or **Department of Human Services** for services to parents or youth involved in juvenile court. The agency will schedule and pay the interpreter.

In the Iowa District Court for _____ County
County where you are filing this Application

Plaintiff/Petitioner

Full name of person filing Application

vs.

Defendant/Respondent

Full name of Defendant/Respondent

Case no. _____

**Application for Appointment
of a Court Interpreter**
Iowa Court Rule 47.3(2)

1. Name of Applicant submitting this Application: _____
First Last

A. Contact Information

- (1) Phone #: (_____) _____
- (2) Email: _____

B. Applicant is: *Check all that apply*

- (1) Attorney for Plaintiff or Petitioner
- (2) Attorney for Defendant or Respondent who is: *Check one*
 - a. a public defender
 - b. court-appointed, paid by state
 - c. hired and paid by my client.
- (3) Plaintiff or Petitioner without an attorney
- (4) Defendant or Respondent without an attorney
- (5) Other: _____

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8. **Applicant's Request and Certification:** The Applicant requests that an interpreter be appointed for the person identified in section 2 above. I certify that the person identified in item 2 has limited or has no ability to speak or understand the English language and that the information in this Application is correct.

9. **Oath and Signature**

I, _____, have read this Application, and I certify under
Print your name
penalty of perjury and pursuant to the laws of the State of Iowa that the information I
have provided in this Application is true and correct.

_____, 20_____
*Signed on: Month Day Year Your signature**

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address, if available

* Whether filing electronically or in paper, you must *handwrite your signature on this form*. If you are filing electronically, scan the form after signing it and then file electronically.