

**FILED**  
JUL 20 2020  
CLERK SUPREME COURT

In the Iowa District Court for \_\_\_\_\_ County  
*County where this Certification is filed*

<p>_____</p> <p><b>Plaintiff/Petitioner</b> <i>Full name of Plaintiff/Petitioner</i></p> <p>vs.</p> <p>_____</p> <p><b>Defendant/Respondent</b> <i>Full name of Defendant/Respondent</i></p>	<p>Case no. _____</p> <p style="text-align: center;"><b>Certification of Interpretation of a Legally Binding Document</b></p> <p style="text-align: right;">Iowa Court Rule 47.14(4)</p>
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**1. Certification statement**

I, \_\_\_\_\_, certify the following: *Read, complete, and check if you agree*  
*Print your name*

I have completely and accurately interpreted the legally binding document submitted with this certification from English into \_\_\_\_\_, the limited English proficient (LEP) party's language, to the best of my ability and in the presence of \_\_\_\_\_.  
*LEP's language*  
*name of LEP party*

**2. Interpreter's classification** *Check A or B*

I am:

A.  An oral language court interpreter with the following certification: *Check one (Iowa Court rule 47.4)*

- Class A oral language court interpreter
- Class B oral language court interpreter
- Class C oral language court interpreter
- Unclassified oral language court interpreter
- Oral language interpreter on a list of qualified interpreters approved by another state

State: \_\_\_\_\_

Classification level: \_\_\_\_\_

B.  A sign language court interpreter with the following certification: *Check one (Iowa Court rule 47.5)*

- Class A sign language court interpreter
- Class B sign language court interpreter

*Continued on next page*

**3. Interpreter's certification** *Check A or B*

I am:

- A.  A certified interpreter *If you check this box, complete the next section*

State or organization of certification: \_\_\_\_\_

Date of certification: \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year*

- B.  Not a certified interpreter *If you check this box, complete the next section*

Educational background:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Degree Date received Institution*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Degree Date received Institution*

*Check this box if you have attached a sheet with additional information.*

**4. Oath and signature**

I, \_\_\_\_\_, have read this Certification, and I certify under penalty  
*Print your full name: first, middle, last*

of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Certification is true and correct.

\_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Signature\**

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City State ZIP code*

(\_\_\_\_\_)\_\_\_\_\_  
*Phone number Fax number*

\_\_\_\_\_  
*Email address Additional email address, if applicable*

*\*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.*