

Iowa State Court Administration, Language Access Services Office Application to Be an Oral Language Interpreter

The fee for this application is \$25.

1. Full Name:			
	Last	First	Middle
2. Mailing Address:	Street Address or P.0	D. Box Number	
City	State	Zip Code	County
3. Telephone Number:	Residence	Work	Cell
4. Email Address:			
5. Birth Date:	(MM/DD/Y	YYY) Age:	
6. Education			

- A. How many years of formal education have you completed: ______ (Include all levels of education, not just college)
- **B.** List all colleges and universities you have ever attended regardless of whether you received any credit.

College or University	Mailing Address	Dates Attended	Credit/Degree and Area of Study

C. List all high schools you have ever attended regardless of whether you received a diploma.

High School	Mailing Address	Dates Attended	Diploma Received

7. Languages

List the Languages in which You Are Competent to Be a Court Interpreter	How Many Years Have You Spoken This Language?	How Many Years Have You Lived in a Country Where This Was the Primary Language?
English (Required)		

How did you learn English?

How did you learn the non-English language? (Please include any interpreting training programs)

8. Tests and Training Programs

Yes/No	A. I have attended the Court Interpreter Orientation Program.				
162/100	If yes, provide Year:				
Yes/No	B. I have passed the NCSC's 135 question multiple-choice test.				
165/110	If yes, provide Year: and Location:				
Yes/No	C. I have passed the lowa court interpreter ethics exam.				
Yes/No	D. I have taken the court interpreter certification (oral) exam.				
165/110	If yes, which exam did you take: Federal NAJITNCSC?				
	If yes, provide Year: and Location:				
	Did you pass the oral exam?				
Yes/No	E. I have attained a score of at least 11 of 12 on the ALTA Speaking and Listening Test. If yes, provide Year: and Location:				

9. Court Interpreting Experience

A. How many times have you interpreted in court?

If you have interpreted in court please list the types of cases

B. How many times have you interpreted in places other than court?

Please describe these experiences.

C. How many times have you performed simultaneous (you interpret continuously while someone speaks) interpretation in court?

D. How many times have you performed consecutive (a person speaks, then stops while you interpret, then speaks again, etc.) interpretation in court?

E. How many times have you performed sight interpretation of documents (you read a document and verbally interpret what it says) in court?

10. Employment

Current Occupation	
Current Employer	
Employer Address	
Employer Phone and Email	

11. Civil or Criminal Proceeding Background

Yes/No A. Have you ever been disqualified from interpreting in a court or administrative proceeding?

If Yes, please explain:

Continued

Yes/No

If Yes, please explain:

Yes/No C. Have you ever been convicted of <u>any crime</u> involving theft, fraud, dishonesty, or moral turpitude?

If Yes, please explain:

12. References: Give the names and mailing addresses of three persons, who know you well but are not related to you, who will verify your experience and expertise as an interpreter.

Mailing Address	Phone/Email Address
	Mailing Address

13. Travel: How many miles are you willing to travel to do interpretation for a one-day hearing?

Miles

14. Other Information or Experience: Provide any other information on your experience or education that would be useful in assessing your competence as a court interpreter.

I swear or affirm that:

- (1) The information I have provided in this application is true and correct;
- (2) I have read, understand, and will abide by lowa's Code of Professional Conduct for Court Interpreters and Translators, Iowa Court Rules, Chapter 48.

Applicant's Signature

Date

After completing this form, mail it along with a check for \$25 made payable to "State of Iowa" to:

State Court Administration Language Access Services Office Court Interpreter Program 1111 E. Court Ave. Des Moines, IA 50319



STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number:

(if applicable)

To:	Iowa Division of Criminal Investigation		
	Support Operations Bureau, 1 st Floor		
	215 E. 7 th Street		
Des Moines, Iowa 5 (515) 725-6066 (515) 725-6080 Fax	Des Moines, Iowa 50319		
	(515) 725-6066		

From:	State Court Administration
	Judicial Branch Building
	1111 E. Court Avenue
	Des Moines, IA 50319
	515.348.4904
Phone:	

515.348.4914 Fax:

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	☐Male □Female	
<i>Waiver Information:</i> Without a signed wai releasable, per Code of Iowa, Chapter 692 obtain a waiver signature from the subjec	2.2. For <u>complete</u> criminal history record i	· · ·
Waiver Release: I hereby give permission for the al	pove requesting official to conduct an Iowa criminal his	story record check with the Division of Criminal

Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _

	Iowa Criminal History Record Check Results	(DCI use only)
As of _	 , a search of the provided name and date of birth revealed:	
	No Iowa Criminal History Record found with DCI	
	Iowa Criminal History Record attached, DCI #	
	DCI initials	

DCI-77 (08/25/10)