

*Application for Appointment of a Court Interpreter in a Juvenile Case*

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*

**In the interest of:**

**A child** *Initials of the child*

Case no. \_\_\_\_\_

**Application for Appointment  
of a Court Interpreter in a  
Juvenile Case**  
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 who is:

a.  a public defender representing a  child  parent/guardian/custodian

b.  court-appointed, paid by state, representing a  child  parent/ guardian/ custodian

c.  hired and paid by client, representing a  child  parent/ guardian/ custodian

(2)  Parent, guardian, or custodian without an attorney

(3)  Other: \_\_\_\_\_

**2. Name of person who needs a court interpreter:** \_\_\_\_\_

*First and last name or initials only if a child*

If submitting an application for an interpreter for multiple witnesses who speak the same foreign language, list the additional witnesses' names (*attach an additional sheet if necessary*) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The person identified in section 2 needs:
- A.  An oral language interpreter of: (1)  Spanish (2)  Other \_\_\_\_\_  
**Note:** Specify dialect, if any (e.g., Sudanese Arabic) \_\_\_\_\_
  - B.  An American Sign Language interpreter
  - C.  A real-time translation of spoken words into typed English on a computer or TV screen (for a hearing-impaired person)
  - D.  Other: *Explain* \_\_\_\_\_
4. The person in this Application who needs an interpreter is a: *Check all that apply*
- A.  Parent, guardian, or custodian of the child in this case.
  - B.  Witness for parent, guardian, or custodian of the child in this case.
  - C.  Child involved in this case.
  - D.  Witness for a child involved in this case.
  - E.  Other: *Explain* \_\_\_\_\_
5. Next date and time interpreter service will be needed (*if known*):
- \_\_\_\_\_ , 20\_\_\_\_, at \_\_\_\_\_:\_\_\_\_\_  a.m.  
*Month Day Year Time*  p.m.
6. Expected length of proceeding: *Check one*
- Up to four hours.
  - More than four hours (two interpreters needed, see Iowa Ct. R. 47.3(12)(b)).
7. Location where the language service will be needed (*if known*):
- \_\_\_\_\_ County Courthouse, courtroom \_\_\_\_\_, or  
*County Courtroom number*
- Other: \_\_\_\_\_
8. Other information or instructions:
- \_\_\_\_\_
9. **Applicant's Request and Certification:** Applicant requests that an interpreter be appointed for the person identified in section 2 above. Applicant certifies, to the best of Applicant's knowledge, that the person identified in section 2 has limited or has no ability to speak or understand the English language.

/s/ \_\_\_\_\_

Applicant	Telephone number
_____	_____
Law firm (if applicable)	Email address
_____	_____
Mailing address	Additional email address (if applicable)
_____	_____