

Application for Appointment of a Court Interpreter in a Civil or Criminal 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

Plaintiff/Petitioner

Full name of Plaintiff/Petitioner

vs.

Defendant/Respondent

Full name of Defendant/Respondent

Case no. _____

**Application for Appointment
of a Court Interpreter
in a Civil or Criminal 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 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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2. Name of person who needs a court interpreter:

_____ *First* _____ *Last*

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. Plaintiff or Petitioner.

B. Witness for Plaintiff or Petitioner.

C. Defendant in a simple misdemeanor case who is not represented by an attorney.

D. Defendant in a criminal or juvenile case who hired his or her own attorney, but cannot afford to pay for a court interpreter. **Note:** If you check 4D and there is no previous court order declaring the party to be indigent, submit a Financial Affidavit form with this Application. To obtain the Financial Affidavit form, contact the State Public Defender's office (515-242-6158).

E. Other Defendant or Respondent.

F. Witness for Defendant or Respondent.

G. Other: *Explain* _____

5. Next date and time the language service will be needed (*if known*):

_____, 20_____, at _____:_____
Month Day Year Time a.m.
 p.m.

6. Expected length of proceeding (*check one*)

Up to four hours.

More than four hours (two interpreters needed; see ICR47.3(12)(b)).

7. Location where the language service will be needed (*if known*):

_____ County Courthouse, courtroom _____, or
County *Courtroom number*

Other: _____

8. Other Information:

9. **Applicant's Request and Certification:** Applicant requests that the court approve the language service requested in section 3 above 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

Law firm, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable