MARYLAND	☐ CIRCUIT COURT ☐ DIST	TRICT COURT OF MARYLAND FORCity/County
i in		rt Address Case No.
DICIARY		rt Address
	STATE OF MARYLAND or	
		VS
		Defendant/Respondent R SPOKEN LANGUAGE INTERPRETER
Requests f		o the court not less than thirty (30) days before the proceeding for which
		Civil 🔲 Traffic 🔲 Juvenile 🔲 Family 🔲 Other:
If this requ	lest is for Juvenile, please check the	e appropriate box:
-	-	rmination of Parental Rights (TPR) Adoption Other:
1. Hearing	g/trial date:	Time: Courtroom:
An inter	preter is needed for THIS HEARIN	NG OR EVENT ONLY.
☐I am a p THIS C	earty (Plaintiff or Defendant) and ne ASE, unless indicated otherwise.	eed an interpreter FOR ALL HEARINGS & EVENTS RELATED TO
2. Location	n of hearing/trial:	3. LANGUAGE:
4. DIALE	CT: 5. Country &	region where language is spoken (do not omit):
Name of P	erson Requesting Interpreter:	
Name of P	erson Who Needs Interpreter:	
Person Ne	eding Interpreter is the:	
Defenda	ant/Respondent	rney m
		member or guardian of a victim who is a minor, deceased, or disabled)
Witness	for: the Defendant/Responden	t the State the Plaintiff/Petitioner Other:
NOTICE: request. A	If a court hearing or proceeding in interpreter will be provided for	g is postponed or continued, you do not need to make a new interpreter the new hearing date.
	Date	Signature of Applicant/Applicant's Attorney or Representative
	Printed Name	Telephone Number
	Address	Fax
	City, State, Zip	E-mail
	C	CERTIFICATE OF SERVICE
		equest upon the following party or parties by:
mailing	first class mail, postage prepaid L	hand delivery, on to:
	Name	Address
	Name	Address
	Date	Signature of Party Serving