



In The Court of Common Pleas, Lucas County, Ohio  
Juvenile Division

Case Number: \_\_\_\_\_

**IN THE MATTER OF:**

**MOTION FOR APPOINTMENT OF  
FOREIGN OR SIGN LANGUAGE INTERPRETER**

\_\_\_\_\_  
Petitioner's Name

\_\_\_\_\_  
Respondent's Name

\_\_\_\_\_  
DOB Last 4 Digits of SS #

\_\_\_\_\_  
DOB Last 4 Digits of SS #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

**Instructions:** This form is to be used by an individual that requires the assistance of a foreign language or sign language interpreter and would like one to be present at all court hearings pertaining to their case.

☐ **Foreign Language Interpreter Services Request:**

Pursuant to TIVLE VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.) and Sup. R. 88(A) and (D),  
\_\_\_\_\_  
(name of requesting party) requests a foreign language interpreter  
proficient in \_\_\_\_\_ (language) be present at all hearings scheduled herein.  
\_\_\_\_\_ is a non-English speaking person, or has limited English proficiency,  
and cannot meaningfully participate in court proceedings without the services of an interpreter.  
\_\_\_\_\_ understands that the requested interpreter services will be provided  
by the Court at no cost to them.

☐ **Sign Language Interpreter Services Request:**

Pursuant to the Americans with Disabilities Act and Sup. R. 88(B) and (E),  
\_\_\_\_\_ requests a sign language interpreter be present at all hearings  
scheduled herein. \_\_\_\_\_ is a deaf or hard of hearing person and cannot  
meaningfully participate in court proceedings without the services of an interpreter.  
\_\_\_\_\_ understands that the requested interpreter services will be provided  
by the Court at no cost to them.

\_\_\_\_\_  
Requestor's Signature Date

\_\_\_\_\_  
Requestor's Name (Please Print)

## CERTIFICATE OF SERVICE

**TO THE CLERK:** I certify that I have served a copy of the foregoing Motion upon the following persons at the following addresses by regular mail:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature                      Date

\_\_\_\_\_  
Requestor's Name *(Please Print)*