KENT COUNTY PROBATE COURT INTERPRETER REQUEST FORM

Person Making Request:	Person Requiring Interpretation Services:
Name	Name
Address	Address
Telephone	Telephone
E-Mail	Relationship to Case (Party, Witness, Proposed Guardian, etc)
Language:	
Date:	Time:
Courtroom or Other Locat	zion:
Case Title:	
File No:	Event:
	Signature of Requestor
e-mail at aimee.cory@kentcount	INSTRUCTIONS e Cory, Language Access Coordinator, Kent County Probate Court either by tymi.gov or by fax to (616) 632-5435 or in person or by mail to the Kent awa NW, Suite 2500, Grand Rapids, MI 49503. Call 616-632-5440 if you
	later than 10 days prior to the hearing . If that is not possible, the Court will requests, subject to staff availability.
that person's family or household interpreter costs at the conclusion	be required to be paid by the person for whom the services are furnished if income is greater than 125% of the federal poverty level and assessment of of the hearing would not unreasonably impede the person's ability to defend the matter. Be prepared to present proof of income at the hearing.
otherwise adjourned, it is your res	ave submitted a request for an interpreter but the hearing is cancelled or ponsibility to notify the Language Access Coordinator of the adjournment or , you (the person who made the request) are responsible for the cost of the ncelled hearing.
Date Request Received	Interpreter
	Date Contacted Date Confirmed Evented