

Approved, SCAO

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	MOTION AND ORDER FOR APPOINTMENT OF FOREIGN LANGUAGE INTERPRETER	CASE NO.
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Court address Court telephone no.

Plaintiff's name(s) <input type="checkbox"/> moving party
Plaintiff's attorney, bar no., address, and telephone no.

v

Defendant's name(s) <input type="checkbox"/> moving party
Defendant's attorney, bar no., address, and telephone no.

MOTION

1. I state that I am unable to speak English sufficiently to understand and participate in the proceedings in this case.
2. I am represented by an attorney. I am not represented by an attorney.
3. I request the court to appoint a foreign language interpreter to interpret for me.
4. I request an interpreter who speaks the _____ language.
5. If required, place my request on the motion calendar.

Date

Signature

To be completed only if the court requires a hearing on the motion.

NOTICE OF HEARING

You are notified that a hearing has been scheduled on this matter for:

Judge	Bar no.	Date	Time
Hearing location			
<input type="checkbox"/> Court address above <input type="checkbox"/>			

If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Date

Signature

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this motion on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 2.107(C)(3).

Date

Signature

ORDER

IT IS ORDERED the above motion is granted. denied.

Date

Judge