### IN THE LAKEWOOD MUNICIPAL COURT

#### STATE OF OHIO )

CITY OF LAKEWOOD ) Case No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plaintiff, )

)

) MOTION REQUESTING FOREIGN

vs. ) LANGUAGE OR SIGN LANGUAGE

) INTERPRETER

)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Defendant. )

Interpreter requested for the hearing on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ at \_\_\_\_\_\_\_ \_\_.m. (date) (time)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language/Dialect/Sign Language Method

Interpreter fees are paid by the Court except for Local Rule 21.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting Party

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address

**TO THE CLERK: Please serve all parties via preferred method.**

ASSIGNMENT OFFICE USE ONLY: Type of Interpreter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Requested by the Court: \_\_\_\_\_\_\_\_\_\_