### 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: \_\_\_\_\_\_\_\_\_\_