



Advocating for Inclusive Communities

82 Washington St, Suite 214
Poughkeepsie, New York 12601

AND

THE MID-HUDSON INTERPRETER SERVICE

American Sign Language/English Interpreter Request Form

Requester's First/Last Name (please print) _____

Requester's Phone _____

Requester's Email Address _____

Business/Agency Name _____

Address _____

City _____ State _____ Zip _____

Billing Address (if different than above) _____

City _____ State _____ Zip _____

Accounts Payable Contact Person _____

Accounts Payable Phone _____

Accounts Payable Email Address _____

PO Number (if required) _____ Voucher Necessary? Yes / No

Assignment Start Date(s) _____ Assignment End Dates(s) _____

Assignment Start Time(s) _____ Assignment End Time(s) _____

Name(s) of Deaf Consumer(s) _____

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Assignment Location Address (including Building, Floor, Room Numbers): _____

Location Contact Person _____

Location Phone, Cell Phone, Pager (in case of emergency) _____

Interpreter(s) Procedure Upon Arrival:

Parking Information:

Purpose of Meeting (please include as many details as possible):

Number of Parties Involved and Their Roles:

Any Additional Information:

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FOR COURT/LEGAL SETTINGS ONLY:

Case Name _____ Docket Number _____

Name of Chief Clerk _____

Name of Judge _____

Plaintiff Attorney Contact Information:

Defendant Attorney Contact Information:

Any additional Information: