

**KING COUNTY SUPERIOR COURT**  
**Office of Interpreter Services (206) 296-9358**

**REQUEST FOR INTERPRETER SERVICES – TRUANCY CASES**

DATE OF REQUEST: \_\_\_\_\_

Case Name: \_\_\_\_\_

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

School District: _____
Contact Person: _____ Phone #: _____
School District Representative making this request: _____

Please check the type of  
action for this request:

- |   |   |
|---|---|
| <input type="checkbox"/> Attendance Workshop              | <input type="checkbox"/> Contempt       |
| <input type="checkbox"/> Preliminary Hearing              | <input type="checkbox"/> Review         |
| <input type="checkbox"/> Pilot-School Engagement Workshop | <input type="checkbox"/> Pilot – Tier 3 |
| <input type="checkbox"/> Pilot – Community Truancy Board  |   |

Person(s) Requiring Interpreter	
Name: _____	Language: _____
Relation (if other than student) <u>Parent/Guardian</u>	
Name: _____	Language: _____
Relation (if other than student) <u>Parent/Guardian</u>	
Name: _____	Language: _____
Relation (if other than student) <u>Parent/Guardian</u>	

Comments:

---

---

---

Please attach this form to Truancy Paperwork and forward to: \_\_\_\_\_ Truancy Facilitator

This portion will be completed by Superior Court Employee

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Case Number: \_\_\_\_\_