

**SUPERIOR COURT OF WASHINGTON
IN AND FOR SNOHOMISH COUNTY**

<p>_____ Petitioner/Plaintiff(s)</p> <p style="text-align: center;">vs.</p> <p>_____ Respondent/Defendant(s)</p>	<p>NO. _____</p> <p>MOTION, DECLARATION AND APPROVAL OF INTERPRETER APPOINTMENT AND PAYMENT AT PUBLIC EXPENSE</p>
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I. MOTION

1.1 COMES NOW

(Check one)

Attorney: _____

Court Services Office (Domestic Violence or Family Law facilitators) _____

(Signature - Initials)

Pro Se Litigant

and moves the court for consideration of pre-authorization of

Name/Client: _____

as an impaired person as defined in RCW 2.42.110 or 2.43.020; now, therefore is requesting approval of the following fees:

Original: File in Clerk's Office
2 copies to: Superior Court (1-Finance, 1-Admin)

1.2 Interpreter and/or Service Information:

Language: _____

Hearing Date(s) & Time (Include estimate of future hearings):

Est. # of hours: _____

(Check one)

Referred to Snohomish County Human Services Interpreter Program

Pro Se litigant – requests that the Court Administration schedule an Interpreter

Presenter, Petitioner or Attorney Name/WSBA # – requests that the Court Administration reimburse the interpreter listed below:

(Check one)

Interpreter to be named (Court Administration shall be notified in writing)

If interpreter is known please complete information below:

Name of interpreter: _____

Address: _____

City, State, Zip: _____

Phone number: () ext. _____

Fax: () _____

E-mail: _____

Certified through: _____

II. DECLARATION

Provide a narrative of all the factual information support the request (i.e. how the client is a party to the case and the attorney that can verify this, describe the work to be completed, state costs per hour and maximum amount of costs for the services)

Date (mm/dd/yyyy): _____

Presented by: _____
Name (Presenter, Petitioner or Attorney Name/WSBA #)

Phone number: () ext. _____
(Business Contact Number)

Original: File in Clerk's Office

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III. APPROVAL

IT IS HEREBY APPROVED that the above named interpreter shall be paid _____ per hour,
not to exceed _____ including travel for the services as described above.

Date (mm/dd/yyyy): _____

Approved by: _____

Assistant Superior Court Administrator
(Signature)

Original: File in Clerk's Office
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