SUPERIOR COURT OF WASHINGTON
COUNTY OF GRAYS HARBOR

_____
Plaintiff/Petitioner,

vs.

_____
Defendant/Respondent.

No. _____

INTERPRETER REQUEST

Clerk's Action Required #1 & #2

TO CLERK: 1. Please submit this to Court Administration; and
2. Add Odyssey case interpreter flag to the party's name & hearing date.

- ***Requests for interpreters must be made at least 72 hours in advance.***
- ***Cancellations must be made within 48 hours. The Party who cancels or continues a hearing must notify Court Administration of the change. Parties who fail to cancel the interpreter requests within this timeframe may incur the costs. Many interpreters travel to Grays Harbor County from outside our geographical area and have strict 48-hour cancelation policies.***
- ***Requests must be in writing. You may use this form or email the following information to Court Administration at scbenchcopies@graysharbor.us. Questions call 360-249-5311 Ext 2.***

Name of individual needing interpreter_____

Date and time of hearing_____

Language_____

Hearing type _____

Length of hearing _____ _____

Additional Information _____

How will the individual be appearing: ☐ IN-PERSON ☐ ZOOM

Dated: _____

Signed _____
Printed Name _____
Telephone _____
Email: _____