



REQUEST FOR INTERPRETER

Date of Request: _____

Requestor _____

Contact Number _____

Language Requested _____

Name of person needing interpreter _____

Attorney _____

Type of Hearing _____

Case Number _____

Location of Hearing _____

Date/Time of Hearing _____

Magistrate Judge _____

Additional Information (Dialect, Special Needs, etc.):

Date Request Received: _____

Date Interpreter Contacted: _____

Name of Interpreter: _____

Contact Number: _____

Date of Confirmation: _____

Fax request to: (404) 613-2632

Attn: Kimberly Wright

Magistrate Court of Fulton County
Fulton County Justice Center Tower
185 Central Ave. SW, Suite TG-100
Atlanta, GA 30303
Phone: 404-613-5016