



REQUEST FOR INTERPRETER

Date of Request: _____

Requestor

Contact Number

Language Requested

Date of Request

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) 893-2616
Attn: Angela Wilson**

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