

**OFFICE OF ADMINISTRATIVE HEARINGS
REQUEST FOR INTERPRETER FORM**

1. My name is: _____

2. My Social Security Number is: _____

3. I need an interpreter.

The language I speak best is: _____

4. Check the boxes that apply to you.

I am hearing impaired.

I will participate by TTY operator.

I request an in-person hearing.

5. My hearing is scheduled for: ____/____/____ at: _____
(date) (time)

with: _____
(Name of Administrative Law Judge)

Please return this completed form to the OAH office listed on your Notice of Hearing.