

ARKANSAS SUPREME COURT  
ADMINISTRATIVE OFFICE OF THE COURTS  
COURT INTERPRETER SERVICES



PERSONAL INFORMATION FORM FOR ARKANSAS COURT INTERPRETERS  
APPLICATION

Complete this form in its entirety and return it to:

Administrative Office of the Courts  
625 Marshall Street | Justice Building  
Little Rock, AR 72201  
*Attn: Court Interpreter Services*

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Text?: (check one) Yes  No

Email Address: \_\_\_\_\_

Enclose a recent passport photograph of yourself.

**Education:** Attach documentation of graduation (copy of G.E.D. / High School Diploma / Post-Secondary Transcript)

Have you ever been convicted of a felony?..... Yes  No

Have you ever been convicted of a misdemeanor? Other than a traffic violation?..... Yes  No

If **yes** to either question, please explain on a separate sheet and attach to this form.

Do you have a legal right to live and work in the U.S.? (check one)..... Yes  No

Are you currently employed by an Arkansas State Agency? (check one)..... Yes  No

If yes, which agency? \_\_\_\_\_

Language(s): \_\_\_\_\_

**Sign Language Interpreters Only:** (Check one) Deaf  Hearing

Certification(s): \_\_\_\_\_

RID Membership ID # \_\_\_\_\_

Please attach a current copy of your RID Membership Card.

Arkansas License # \_\_\_\_\_

*I certify that all the information contained on this form is true and correct to the best of my information and belief.*

\_\_\_\_\_  
Signature of Applicant