


**ARKANSAS SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
OFFICE OF COURT INTERPRETER SERVICES
PLEASE SEND**

TRANSLATION REQUEST FORMS TO DOCUMENT.TRANSLATIONS@ARCOURTS.GOV

DATE OF REQUEST: _____ **JUDGE:** _____

REQUESTED BY: _____

PHONE: _____

EMAIL: _____

DOCUMENT TITLE: _____

LANGUAGE: _____

REQUESTS OTHER THAN SPANISH WILL BE OUTSOURCED TO FREELANCE TRANSLATORS.

YOUR REQUEST WILL GO IN QUEUE IN THE ORDER IN WHICH IT WAS RECEIVED. IF YOU NEED THE TRANSLATION EXPEDITED AND YOU HAVE FUNDS AVAILABLE TO PAY FOR THE TRANSLATION WE WILL OUTSOURCE THE WORK TO A TRANSLATOR WHO IS APPROVED BY OUR OFFICE AND WE WILL OVERSEE THE PROJECT.

I WANT TO GO IN QUEUE

WE HAVE FUNDS TO PAY FOR THE PROJECT. PLEASE SEND AN ESTIMATE OF THE COST TO TRANSLATE THE ATTACHED DOCUMENTS.

NOTES: _____

OCIS OFFICE USE ONLY

REQUEST APPROVED: **REQUEST REJECTED:**

FORM TRANSLATION: **AUDIO TRANSCRIPT/TRANSLATION:**

REASON FOR REJECTION: _____

ESTIMATED COMPLETION DATE: _____ **ACTUAL COMPLETION DATE:** _____

IF TRANSLATION OUTSOURCED:

CONTRACTOR: _____ **PHONE:** _____

EMAIL: _____

TOTAL FEE: _____

TRANSLATION SENT TO REQUESTOR: **DATE:** _____