

Office of Language Access

R E C I P R O C I T Y R E Q U E S T F O R M



**Contact Information**

Prefix

Mr.Ms.

Mrs.

Dr. Mx.

First name(s) Click or tap here to enter text. Middle name Click or tap here to enter text. Last name(s) Click or tap here to enter text.

*\*If working under a business, use your business address. We are unable to accept P.O. Box addresses on this form.*

Address\* Click or tap here to enter text.

Primary phone # Click or tap here to enter text. Mobile phone # Click or tap here to enter text. Primary email Address Click or tap here to enter text. Secondary email Click or tap here to enter text.

# Emergency contact name Click or tap here to enter text. Emergency contact number(s) Click or tap here to enter text.

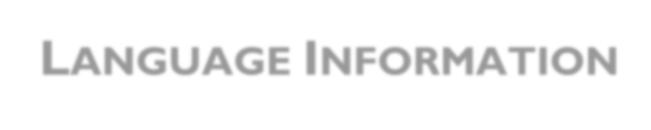
City Click or tap here to enter text.

State Click or tap here to enter text.

Zip Code Click or tap here to enter text.

# Emergency contact relationship to interpreter Click or tap here to enter text.

Language Information



Language combination(s) in which the interpreter works:

*(example: “Arabic <>English”)*

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

***The following information is requested strictly for business purposes to provide the most accurate language interpretation services for Colorado Judicial when local dialects and colloquialisms are involved. Providing this information is optional.***

Native language Click or tap here to enter text.

Click or tap here to enter text.

Country of Origin Click or tap here to enter text.



**Checklist of Required Documents to Submit\***

**Reciprocity Form** (this document)

**Oral Certification Exam Score Sheet** (showing a passing score of at least 70% **in all three sections**)

Documentation, in the form of in the form of pay stubs, paid invoices, email confirmations of services rendered, or other signed acknowledgments, stating the interpreter has had at least **48 hours of professional interpreting** in the last six months.

Proof of **eight hours of continuing education** credits in the last six months.

A letter of good standing from the certifying state program.

**Resume/CV**

Revised December 5, 2023