



FOREIGN LANGUAGE INTERPRETER CERTIFICATION

Questions or concerns about the completion of this document should be directed to cmwatkins@courts.state.va.us.

COMPLETE THE FOLLOWING INFORMATION:

Last Name(s)					First Name(s)												
Street Address																	
City										State			Zip				
Home Phone					Cell Phone					Office Phone							
Email																	
Emergency Contact*			Name							Phone Number							
Status	Active <input type="radio"/>		Inactive** <input type="radio"/>		OES Staff <input type="radio"/>												
Circuit Numbers (Please refer to the Map of Judicial Circuits)																	
Preferred Venues Mark all that apply		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>
		17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>	31 <input type="checkbox"/>	N/A <input type="checkbox"/>

* The name and phone number of someone you wish to be notified in case of an emergency.

** Inactive interpreters are those who do not seek interpreting assignments within Virginia. Inactive interpreters are automatically opted out of public display of contact information, whether or not that selection is made below.

Please read the following before signing:

- In the interest of your personal safety and your privacy, the Supreme Court of Virginia recommends that you not publish your personal contact information on the Internet.
- [Code of Professional Responsibility for Interpreters Serving in Virginia Courts](#)

Please check all that apply:

- ☐ I have received Virginia interpreter certification by virtue of my certification in another state or through the Federal system. That certification is currently in good standing.
- ☐ I understand that the Internet is inherently unsafe. Knowing this, I give my permission to publish my information on the public-access portion of the Supreme Court of Virginia website, which is available over the Internet. Furthermore, I understand that I may opt out of displaying my information on the public website at any time. However, once the information has been posted, it may already have been viewed and copied via the Internet.
If you opt to do so, please indicate your approval to display your name and email address on the Supreme Court of Virginia website by checking the box to the left.
- ☐ I have reviewed the *Code of Professional Responsibility for Interpreters Serving in Virginia Courts* and agree to adhere to all canons and provisions contained therein.

Signature _____ Date _____

Return completed form ONLY by regular U.S. 1st Class Mail to:

Ms. Charlene M. Watkins
Foreign Languages Services Coordinator
Department of Judicial Services
Office of the Executive Secretary
Supreme Court of Virginia
100 North Ninth Street
Richmond, VA 23219