

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



PERSONAL INFORMATION FORM FOR ARKANSAS COURT INTERPRETERS

Type or print this form in its entirety and return it to:

Administrative Office of the Courts
625 Marshall Street | Justice Building
Little Rock, AR 72201
Attn: Jessica Bowen

Name: _____
Last First Middle

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Mailing Address: _____

Contact Telephone: _____ Text?: (check one) Yes No

Email Address: _____

Attach a recent passport-
style (head and shoulders)
photograph of yourself
here

Have you ever been convicted of a felony? _____
Have you ever been convicted of a misdemeanor? Other than a traffic violation? _____
If yes to either question, please explain on separate sheet and attach to this form.
Must be 18 years of age and of good moral character.

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

Foreign Language Interpreters:

Language(s): I wish to pursue certification to interpret the following language(s): _____
Education: Attach documentation of graduation (copy of G.E.D. / High School or College Diploma / Transcript)

Sign Language Interpreters: (Check one) Deaf Hearing

RID Membership ID # _____ Certification(s): _____
Please attach a current copy of your RID Membership Card.
License # _____

Signature of Applicant

STATE OF _____ COUNTY OF _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____