

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 Bldg.
Little Rock, AR 72201
Attn: Jessica Bowen

Attach a recent photo
of yourself here.

Must have been taken within
the last 3 months &
passport style (head &
shoulders only)

Name: _____
Last First Middle

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

Mailing Address: _____

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

Email Address: _____

Have you ever been convicted of a felony? _____ If yes, please explain on separate sheet and attach to this form.

Have you ever been convicted of a misdemeanor? Other than a traffic violation? _____
If yes, please explain on 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

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.

Signature of Applicant

STATE OF _____

COUNTY OF _____

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

Notary Public

My Commission Expires: _____