

**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: \_\_\_\_\_



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.

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: \_\_\_\_\_