

**CLEVELAND MUNICIPAL COURT**  
**HOUSING DIVISION**  
*W. MONÁ SCOTT, JUDGE*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

Phone: \_\_\_\_\_

Plaintiff(s)

- vs. -

## Interpreter Request Form

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Defendant(s)

Limited English Proficient (LEP) Individual's Name or Deaf Person's Name in Need of an Interpreter

\_\_\_\_\_ Judge / Session - Magistrate

Requestor

Requestor's Email Address Confirmation

Date of Service

Courtroom and Time

Language / Dialect Requested

Describe type of proceeding

ADA accommodations needed? If so, please describe additional comments or request.

Please submit this form to  
[housinginterpreterrequest@cmcoh.org](mailto:housinginterpreterrequest@cmcoh.org)