

**CLEVELAND MUNICIPAL COURT
HOUSING DIVISION**

DATE: _____

Phone: _____

Plaintiff(s)
- vs.-

Phone: _____

Defendant(s)

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

Interpreter Request Form

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
housingcourtcivil@cmcoh.org