

**Notice of Available Language Assistance—Service Provider**

*Clerk stamps date here when form is received.*

**Use this form to:**

- 1 Tell the court that you are a service provider, program, or professional offering language assistance with services that may be ordered by a court; and
- 1 Provide information about the services you provide, the languages and types of language assistance available, and your service area.

1 This form should be filed with the court by January 31 of each year to indicate services that will be provided during the calendar year. You may also submit this form to let the court know your services have changed. The information in this form describes services available during calendar year: \_\_\_\_\_

2 Name of service provider: \_\_\_\_\_  
 Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Web address: \_\_\_\_\_

Contact name: \_\_\_\_\_ E-mail: \_\_\_\_\_

3 Information about the services provided:  Check here to attach a narrative description of the services offered.

<b>Services</b> <i>(select all that apply)</i>	<b>Languages Available</b> <i>(select all that apply)</i>	<b>Types of Language Assistance</b> <i>(select all that apply)</i>
<input type="checkbox"/> Mediation	<input type="checkbox"/> Any language	<input type="checkbox"/> Program offered directly in language
<input type="checkbox"/> Child custody recommending counseling	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> In-person interpreter
<input type="checkbox"/> Professional supervised child visitation	<input type="checkbox"/> Spanish	<input type="checkbox"/> Telephone interpreter
<input type="checkbox"/> Parenting education classes	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Translated materials
<input type="checkbox"/> Anger management classes	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Other
<input type="checkbox"/> Mental health counseling	<input type="checkbox"/> Farsi	Specify: _____
<input type="checkbox"/> Batterer intervention—MEN	<input type="checkbox"/> Korean	<b>Service Area</b> (county or region)  _____
<input type="checkbox"/> Batterer intervention—WOMEN	<input type="checkbox"/> Punjabi	
<input type="checkbox"/> Alcohol/substance abuse treatment	<input type="checkbox"/> Russian	
<input type="checkbox"/> Other	<input type="checkbox"/> Tagalog	
Specify: _____	<input type="checkbox"/> Vietnamese	
	<input type="checkbox"/> Other	
	Specify: _____	

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

▶ \_\_\_\_\_  
*Sign your name*