IN THE DISTRICT COURT OF THE CHOCTAW NATION OF OKLAHOMA

ADMINISTRATIVE ORDER RE:)		
)	AO-2022-7	FLED
REQUESTS FOR INTERPRETER)		CHOCTAW NATION OF OKLAHOM DISTRICT COURT CLERK
			OCT 07 2022

SUSAN LOZANO

BY

ADMINISTRATIVE ORDER

The Court hereby adopts the following administrative order.

If any party seeks an interpreter for a party or witness in any District Court case, the party or his or her attorney shall promptly make a request for an interpreter by executing and filing the Interpreter Request Form with the Court Clerk. A copy of the Interpreter Request Form can be obtained from the Court Clerk or from the District Court's Website, and a copy of the same is attached hereto.

Requests should be made no less than ten (10) days prior to the first scheduled court hearing in which the interpreter is requested, absent extraordinary circumstances. Once an interpreter has been appointed in the case, there is no need for the party or his or her attorney to submit a new Interpreter Request Form for each subsequent hearing. However, the party or attorney remains responsible for confirming with the Court Clerk that an interpreter has been ordered prior to each hearing and shall immediately notify the Court Clerk if the need for an interpreter changes.

Any interpreter providing services to the District Court must execute the Oath of Interpreter provided by the Court Clerk's office, and a copy of the same is attached hereto.

IT IS SO ORDERED

Judge, Choctaw Nation District Court

IN THE DISTRICT COURT OF THE CHOCTAW NATION

	Choctaw Nation of Oklahoma/Plaintiff/Petitione) er,	
)	
)	Case No
vs.)	
)	
	Defendant/Respondent.)	
	OATH OF IN	IERPRE	IEK
	(FOREIGN LA	ANGUAG	E)
I,		do sol	emnly swear or affirm:

PRINT INTERPRETER'S NAME

I will make a true interpretation of all the proceedings in a language which the limited English proficient person understands, and will repeat the statements of the limited English proficient person to the Court in the English language, to the best of my skill and judgment without altering, omitting, or adding anything to what is stated or written, and without explanation.

I will interpret the material thoroughly and precisely, stating as nearly as possible what has been stated by all speakers. I will never add words to, nor omit words from, a statement made by a witness, party, judge or attorney.

I declare under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct.

Date:_____

Interpreter's Signature

Date:_____

Judge of the District Court

IN THE DISTRICT COURT OF THE CHOCTAW NATION

)			
	Choctaw Nation of Oklahoma/Plaintiff/Petitioner,)			
)			
)	Case No		
vs.)			
)			
		•			
	Defendant/Respondent.				
OATH OF INTERPRETER					
	(SIGN LANGUAGE)				

1, _____ do solemnly swear or affirm:

PRINT INTERPRETER'S NAME

I will make a true interpretation of all the proceedings in sign language so that the hearing impaired person understands, and will repeat the statements of the hearing imparied person to the Court in the English language, to the best of my skill and judgment without altering, omitting, or adding anything to what is stated or written, and without explanation.

I will interpret the material thoroughly and precisely, stating as nearly as possible what has been stated by all speakers. I will never add words to, nor omit words from, a statement made by a witness, party, judge or attorney.

I declare under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct.

Date:______

Interpreter's Signature

Date:______

Judge of the District Court

IN THE DISTRICT COURT OF THE CHOCTAW NATION

Choctaw Nation of O	klahoma/Plaintiff/Petit) ioner,	
)	
)	
) Cas	e No
vs.)	
)	
)	
Defenda	ant/Respondent.		
	<u>REQUEST F</u>	<u>OR INTERPRETER</u>	
Name of Person Requestin	g Interpreter:		
Name of Person Who Need	ds Interpreter:		
Person needing the Interp	reter is:		
🗆 Plaintiff/Petitioner	Defendant/Re	spondent	
🗆 Victim	Witness	Attorney	Other (specify)
Hearing Date:			
Specify Language (if applic	able):	Dialect:	
Sign Language (if applicable	e):		
Please provide any further	information that may a	assist the Court in pro	oviding the requested
accommodation:	· · · · · · · · · · · · · · · · · · ·		

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Today's Date:	
Printed Name of Applicant:	
Address:	
City/State/Zip:	
Email:	
Phone Number:	
Signature of Applicant:	

Certificate of Service

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