

Commonwealth of Puerto Rico  
**GENERAL COURT OF JUSTICE**  
☐ Supreme Court ☐ Court of Appeals  
☐ Court of First Instance, ☐ Superior ☐ Municipal Court of \_\_\_\_\_  
☐ Division or Unit \_\_\_\_\_

**APPLICATION FOR INTERPRETER SERVICES,  
REASONABLE ACCOMMODATION AND VIDEO RECORDING**

I. INFORMATION ON THE PERSON REQUIRING SERVICES:

First and Last Names: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mobile Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Other Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Age: ☐ Under the age of 21 ☐ between 21 and 59 years of age ☐ 60 years of age or older  
Sex: ☐ Female ☐ Male ☐ Intersex ☐ Identifies as: \_\_\_\_\_  
☐ I don't know. ☐ I rather not answer.

Which of the following terms describes the person? (check all that apply):  
☐ Black or of African Descent ☐ White ☐ Indigenous Peoples ☐ Asian  
☐ Identifies as: \_\_\_\_\_ ☐ I don't know. ☐ I rather not answer.

With which of the following does the person identify? (check all that apply):  
☐ Puerto Rican ☐ American (USA) ☐ Dominican ☐ Colombian  
☐ Mexican ☐ Cuban ☐ Asian ☐ European  
☐ Identifies as: \_\_\_\_\_ ☐ I don't know. ☐ I rather not answer.

Case No. (if known): \_\_\_\_\_ Regarding: \_\_\_\_\_  
Service No. (if known): \_\_\_\_\_ Activity to be conducted: \_\_\_\_\_  
At (place or office): \_\_\_\_\_  
Date of hearing or activity, if known: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
(day/month/year)

If you prefer that we contact an authorized person, please provide their information:

First and Last Names	Relation to the person requiring service	Telephone
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II. APPLICATION FOR LANGUAGE INTERPRETER (SPECIFY):

☐ English ☐ Cantonese ☐ Mandarin ☐ Arabic ☐ French  
☐ German ☐ Portuguese ☐ Russian ☐ Other: \_\_\_\_\_

III. APPLICATION FOR REASONABLE ACCOMMODATION (SPECIFY YOUR PREFERENCE):

☐ Sign Language Interpreter:  
☐ in court ☐ VRI (video remote interpreting)  
☐ American Sign Language (ASL)  
☐ Puerto Rican Sign Language  
☐ Unofficial Sign Language or Home Language (Deaf Interpreter)  
☐ Other: \_\_\_\_\_  
☐ Oral Transliterator (Lip Reading)  
☐ FM Sound Amplifier (remote)  
☐ Personal Sound Amplifier (Pocket Talker)  
☐ Other reasonable accommodation (Specify): \_\_\_\_\_

☐ Video recording under Law  
No. 174 of 2018  
(This does not apply to  
language interpreters).

This \_\_\_\_\_ day of \_\_\_\_\_ .

\_\_\_\_\_  
Name of Applicant or Representative

\_\_\_\_\_  
Signature of Applicant or Representative

Important Information:

1. This application should be filed at least 10 calendar days before the date of the hearing or proceeding.
2. In the case of protection orders or other urgent matters, the application may be filed as soon as the need arises.
3. The court may contact the person who requires services or the person who provided their contact information to obtain additional information to process the application.
4. Primary consideration will be given to the preferred type of reasonable accommodation requested, but the Judicial Branch may offer an alternative, provided it is equally effective.
5. The court will notify its decision concerning the application before the hearing or proceeding.
6. For more information on reasonable accommodation offered by the Judicial Branch, click on the [accessibility](#) section on the Judicial Branch website.