COMMUNITY INTERPRETER SERVICES (CIS)
REQUEST FOR ORAL INTERPRETATION SERVICES
Fax # (617) 464-8151    Phone # (617) 464-8109    Email: CIS_Request@ccab.org

Requesting Agency: please hand-write or type all requested information in sections: “Requesting Agency Contact Information” and “Appointment Specifics”.  
CIS reserves the right to refuse requests for interpreter or translation services which are not in accordance with agency mission, policies, or code of ethics.

REQUESTING AGENCY CONTACT INFORMATION

- Requesting Agency: ____________________________________________________________
- Billing Address: ______________________________________________________________
- Contact Person: _______________________________________________________________
- Date of request: _______________ Telephone: _________________________________
- Approved by: ______________________ Approved # of Hours: _______________
  (Supervisor at Requesting Agency)

APPOINTMENT SPECIFICS

- Language: _________________________________________________________________
- Date & Time of Appointment: _______________________________________________
- Location of appointment: ___________________________________________________
- Case Type: Human/Social Service    Government    Medical
  Education (School)    Legal    Employment Related    Business
- Relevant Details (based on type, specify nature of information that requires interpretation or translation):
  ________________________________________________________________
- Interpreter Gender Specification    Male    Female    No Preference
- Name of Limited English Proficient Person: _________________________________
- Comments: _______________________________________________________________

FOR CIS INTERNAL USE ONLY

Request Received Date: _______________________________    CIS Staff Receiving Request: _______________________________
Request Approved:   YES    NO    Authorized Signature: _______________________________
Date Assigned to Interpreter: ___________________________    Assigned Interpreter Name: ___________________________
Comments: ___________________________________________________________