Print Form

Clear Form

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF HAWAII
300 Ala Moana Blvd., Rm. C-338
Honolulu, Hawaii 96850

Registration Form for Interpreters/Translators

Name: _____ _____ _____
(Print Last Name) (Print First Name) (Middle Initial(s))

Mailing Address: _____ _____ _____ _____
(Number & Street or P.O. Box) (City) (State) (Zip Code)

Date of Birth: _____ Social Security No.: _____
(This information is required for admission to the State of Hawaii Dept. of Corrections.)

Telephone: (Residence) _____
(Business) _____
(Cellular) _____
(Pager) _____

Are you a U.S. Citizen? ☐ yes ☐ no (if "no," are you authorized to work in the United States? _____.)

Language(s) Interpreted/Translated:

1. Language: _____

Rating (check one):
☐ Certified by the Administrative Office of the U.S. Courts on _____
☐ Professionally Qualified by the Administrative Office of the U.S. Courts on _____
☐ Conversational proficiency
☐ Other _____

2. Language: _____

Rating (check one):
☐ Certified by the Administrative Office of the U.S. Courts on _____.
☐ Administrative Office of the U.S. Courts Professionally Qualified on _____
☐ Conversational proficiency
☐ Other _____

3. Language: _____

Rating (check one):
☐ Certified by the Administrative Office of the U.S. Courts on _____.
☐ Administrative Office of the U.S. Courts Professionally Qualified on _____.
☐ Conversational proficiency
☐ Other _____

(Attach additional sheets as needed.)

Education and Training

Name of School	Location	Major Course of Study	Degree/Certificate Received	Month/Year Received

Interpreting/Translating Employment Experience: Please list previous interpreting and/or translating experience. Specify the type of setting for which you have been an interpreter (state/federal court, court-related programs, law office, immigration office, etc. Specify types of documents you have translated.) **Please enclose original and verifiable copies of test results and other evidence of qualifications listed.**

Court/Agency/Office: _____
Location (City & State): _____
Dates of interpreting: From: _____ To: _____
(Month & Year) (Month & Year)
Exam taken as condition of employment on: _____ Rating: _____
Conference or Seminar Interpreter: No: ☐ Yes: ☐ _____
(Frequency of interpretation, e.g., 1-2 time per month)
Other: (Describe type of interpreting/translation rendered and frequency) _____

Court/Agency/Office: _____
Location (City & State): _____
Dates of interpreting: From: _____ To: _____
(Month & Year) (Month & Year)
Exam taken as condition of employment on: _____ Rating: _____
Conference or Seminar Interpreter: No: ☐ Yes: ☐ _____
(Frequency of interpretation, e.g., 1-2 time per month)
Other: (Describe type of interpreting/translation rendered and frequency) _____

Court/Agency/Office: _____
Location (City & State): _____
Dates of interpreting: From: _____ To: _____
(Month & Year) (Month & Year)
Exam taken as condition of employment on: _____ Rating: _____
Conference or Seminar Interpreter: No: ☐ Yes: ☐ _____
(Frequency of interpretation, e.g., 1-2 time per month)
Other: (Describe type of interpreting/translation rendered and frequency) _____

(Attach additional sheets as needed.)

Membership in Professional Interpreters Association

Name of Association: _____
Location (City/State): _____
Sponsors: (Names and addresses of three active members of the association who interpret the same language and can attest to your interpreting ability.)
_____
_____
_____

Name of Association: _____
Location (City/State): _____
Sponsors: (Names and addresses of three active members of the association who interpret the same language and can attest to your interpreting ability.)
_____
_____
_____

Please enclose original and verifiable copies of test results and other evidence of qualifications listed above.

Availability - I am available to work on the following days and hours:

Monday: From _____ to _____
Tuesday: From _____ to _____
Wednesday: From _____ to _____
Thursday: From _____ to _____
Friday: From _____ to _____

I declare under penalty of providing false statements that the information provided to the U.S. District Court for the District of Hawaii is true and correct.

I understand that completion of this registration form does not ensure my inclusion on the court's interpreter list and that inclusion on the interpreter list does not constitute appointment as an employee of the U.S. District Court, other than as an independent contractor; therefore, I am responsible for the filing and/or payment of any applicable federal and state taxes, etc. I also understand that failure to report any change of information directly to the court may be cause to delete my name from the interpreter list.

Signature: _____ Date: _____