

## DEPARTMENT INTERPRETER AUTHORIZATION FOR GENERAL INFRACTION HEARINGS/ STIPULATED AGREEMENT

Incarcerated individual name	DOC Number	Unit/Cell
I affirm that I am a Department certified in for this general infraction hearing.	terpreter and authorized to inter	rpret for the above-named
I will make a true interpretation of the prod (LEP) individual will understand and will re Hearing Officer to the best of my skill and	epeat the statements of the LEF	• , •
I confirm that I was not involved in observation or an investigation of the infraction dealt with in this hearing and have no interest in the outcome.		
Department Interpreter	Signature	Date
Hearing Officer	Signature	Date
The contents of this document may be eligible for public dwill be redacted in the event of such a request. This form		
Distribution: <b>ORIGINAL</b> - Department Interpreter <b>COPY</b> - Incarcerated individual, Hea	ring Officer, LEP Coordinator, Imaging	ງ System/Central File