



# INDETERMINATE SENTENCE REVIEW BOARD INTERPRETER REQUEST/REFUSAL

Name: \_\_\_\_\_ DOC number: \_\_\_\_\_

Is scheduled: Facility name: \_\_\_\_\_ Docket date: \_\_\_\_\_

Please advise:

\_\_\_\_\_  
\_\_\_\_\_

Yes  No Does the individual want an interpreter for packet review and upcoming hearing?

If yes, what language: \_\_\_\_\_ If no, have individual sign and date below.

Please email to: \_\_\_\_\_

Court Name

\_\_\_\_\_  
Email address

Fax to: (360)493-9287

Or

Interoffice MS: 40907

By docket cutoff date

\_\_\_\_\_  
Incarcerated individual

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Indeterminate Sentence Review Board/Facility **COPY** - Incarcerated Individual