



JUDICIAL COUNCIL
OF CALIFORNIA
COURT INTERPRETERS PROGRAM

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IDENTIFICATION BADGE REPLACEMENT REQUEST

Name:

(first) (middle) (last)

Mailing Address: _____

Certified/Registered Number: _____

Languages: _____

Please check one: Certified Court Interpreter
 Registered Interpreter

Date: _____ **Signature:** _____

Please, enclose:

- Check payable to the **State of California** in the amount of \$15.00
- One passport-type photograph (if picture on file is older than 3 years)
- Badge form filled out and signed

Your badge will be ready in 6-8 weeks

Mail to:
Judicial Council of California
Court Interpreters Program
455 Golden Gate Avenue
San Francisco, CA 94102

There will be a \$15 fee assessed to returned checks