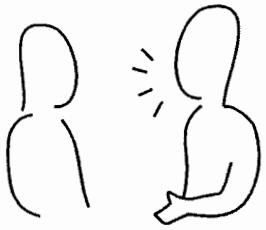
How to use a court interpreter

The interpreter is your voice in court.

So, it is important to…



Listen carefully to the interpreter.

Wait for the interpreter to finish talking before you answer.

Speak slowly so the interpreter can hear everything you say.

Do NOT speak in English, even if you speak a little. It is confusing for the judge.

Do not interrupt, even if someone in court says something bad about you. You will get a chance to speak.

Take notes. If someone says something untrue, write it down. Then when it is your turn to speak, you can tell the judge your side.

San Francisco Superior Court
400 McAllister Street
Room 208
San Francisco, CA
94102-4514

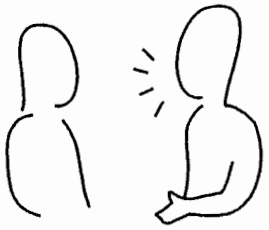
ACCESS

415.551.5880
www.sfgov.org/courts

Cómo usar intérprete en la corte

El intérprete es su voz en la corte.

Es muy importante hacer lo siguiente:



Escuche bien lo que le diga el intérprete.

Deje que el intérprete termine de traducir antes de contestar.

Hable despacio para que el intérprete pueda escucharlo bien.

No hable en inglés, aun si lo habla un poco. Es confuso para el juez.

No interrumpa aun si alguien dice algo que no sea cierto en su contra. El juez le dará oportunidad de hablar después.

Tome apuntes. Si alguien dice algo que no sea cierto, apúntelo. Luego, cuando sea su turno de hablar, usted puede dar su lado.

San Francisco Superior Court
400 McAllister Street
Room 208
San Francisco, CA
94102-4514

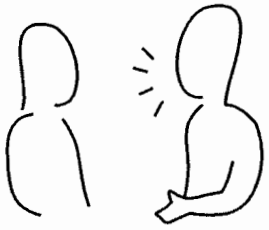
ACCESS

415.551.5880
www.sfgov.org/courts

如何使用法庭口譯員

在法庭上，
口譯員是您
的聲音。

請您務必……



認真**聽**口譯員的翻譯。

等口譯員把話説完再回答。

慢慢講話，以便口譯員能夠聽清楚您講的每一句話。

不要講英語。即使您能講一點英語，也不要講英語。這樣法官會聽不清楚。

不要打斷別人的講話。即使某些人在法庭上説您的壞話，都不要打斷。您會有機會申辯。

記筆記。如果有人説話不符合事實，您可以在紙上記下來，等輪到您講話時再向法官申辯。

San Francisco Superior Court
400 McAllister Street
Room 208
San Francisco, CA
94102-4514

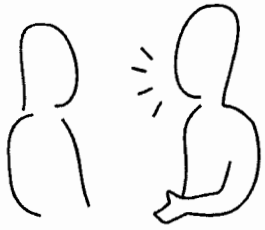
ACCESS

415.551.5880
www.sfgov.org/courts

Как пользоваться услугами переводчика в суде

Переводчик - это ваш голос в суде.

Поэтому очень важно...



Слушать переводчика внимательно.

Ждать, пока переводчик не закончит говорить, прежде чем отвечать.

Говорить медленно, чтобы переводчик смог услышать все, что вы скажете.

НЕ ГОВОРИТЬ по-английски, даже если вы немного владеете английским языком. Это может помешать судье.

Не перебивать, даже если кто-либо в суде говорит что-нибудь плохое о вас. У вас будет возможность выступить.

Делать заметки. Если кто-либо скажет что-нибудь, не соответствующее истине, запишите это. Затем, когда наступит ваша очередь говорить, вы сможете изложить судье свою позицию.

San Francisco Superior Court
400 McAllister Street
Room 208
San Francisco, CA
94102-4514

ACCESS

415.551.5880
www.sfgov.org/courts

Paano gagamit ng tagasalin sa hukuman (court interpreter)

Ang tagasalin ay siyang tinig mo sa hukuman.

Kaya, mahalaga na…

Makinig na mabuti sa tagasalin.

Hintaying matapos sa pagsasalita ang tagasalin bago ka sumagot.

Dahan-dahang magsalita para marinig ng tagasalin ang lahat ng sinasabi mo.

HUWAG magsasalita sa Ingles, kahit na marunong ka ng kaunti. Ito ay nakakalito sa hukom.

Huwag sasabad, kahit na may isang tao sa hukuman na nagsalita ng masama tungkol sa iyo. Magkakaroon ka ng pagkakataong magsalita.

Magtala. Kung may nagsalita ng isang bagay na hindi totoo, isulat ito. At saka kapag pagkakataon mo nang magsalita, sabihin mo sa hukom ang iyong panig.

San Francisco Superior Court
400 McAllister Street
Room 208
San Francisco, CA
94102-4514

ACCESS

415.551.5880
www.sfgov.org/courts

Cách dùng thông dịch viên tòa án

Thông dịch viên là tiếng nói của quý vị ở tòa.

Do đó, điều quan trọng là phải...

Lắng nghe thật kỹ lời của thông dịch viên.

Chờ thông dịch viên dịch xong rồi mới trả lời.

Nói chậm rãi để thông dịch viên nghe được hết những gì quý vị nói.

ĐỪNG nói bằng tiếng Anh, dù quý vị biết nói chút ít. Làm như vậy sẽ khiến thẩm phán lẫn lộn khó hiểu.

Đừng ngắt lời, dù cho có người trong tòa nói xấu về quý vị. Quý vị sẽ có cơ hội trình bày.

Ghi chú. Nếu có người nói điều gì không đúng, hãy ghi lại. Rồi khi đến lượt mình, quý vị có thể trình bày với tòa về trường hợp của mình.

San Francisco Superior Court
400 McAllister Street
Room 208
San Francisco, CA
94102-4514

ACCESS

415.551.5880
www.sfgov.org/courts

— THIS FORM MUST BE KEPT CONFI

982(a)(17)

僅供用作範本
請勿填寫本表格

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*:

在此處填寫**您的姓名**
在此處填寫**您的地址**

TELEPHONE N

在此處填寫**您的電話號碼**

E-MAIL ADDRESS *(Option*

ATTORNEY FOR *(Nam*

在此處填寫 ***"In Pro Per"***

NAME OF COURT:

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PLAINTIFF/ PETITIONER:
DEFENDANT/ RESPONDENT:

在此處填寫**您的案件名稱**

APPLICATION FOR WAIVER OF COURT FEES AND COSTS

CASE NUMBER:

在此處填寫**您的案件編號**

I request a court order so that I do not have to pay court fees and costs.

1. a. ☐ I am ***not*** able to pay any of the court fees and costs.
   b. ☐ I am able to pay ***only*** the following court fees and costs *(specify)*:

2. My current street or mailing address is *(if applicable, include city or town, a*

3. a. My occupation, employer, and employer's address are *(specify)*:

   b. My spouse's occupation, employer, and employer's address are *(specify)*:

請回答問題：
1(a)或1(b)
2
3(a)和3(b)

4. ☐ I am receiving financial assistance under one or more of the following programs:
   a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
   b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
   c. ☐ **Fo Stamps:** The Food Stamp Program
   d. ☐ **County lief, General Relief (G.R.), or General Assistance (G.A.)**

5. *If you checked box 4, you m*
   detainer action. Do not ch
   a. ☐ *(Optional)* My
   b. ☐ *(Optional)* My
   ☐☐☐ –
   [Federal law
   social securi
   c. ☐ I am attaching
   [See Form 98
   office, for a l

回答問題4, 6 和 7時，**請僅僅選擇一項：**
您如果選擇 "4"，請填寫5，除此之外無須填寫其他欄目！
您如果選擇 "6"，請填寫8、9a、9d、9f、和在表背面的9g，除此之外無須填寫其他欄目！
您如果選擇 "7"，請填寫本表背面的所有欄目。

[If you checked box ove, ski items 6 and 7, and sign at the bottom of this side.]

6. ☐ My total gross mo household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* availab om the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☐ My income is not enough to pay for the common necessaries of life for me and the people in my family whom I support and also pay court fees and costs. ***[If you check this box, you must complete the back of this form.]***

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attach ts are true and correct.

Date: 在此處填寫**今天的日期**

在此處用英文大寫字母填寫**您的姓名**
(TYPE OR PRINT NAME)

在此處簽名
(SIGNATURE)

(Financial information on reverse)

PLAINTIFF/PETITIONER:
DEFENDANT/RESPONDENT:

在此處填寫您的案件名稱

在此處填寫您的案件編號

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[*If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.*]**

9. **MY MONTHLY INCOME**

a. My gross monthly pay is: . . . . . $ _____

b. **My payroll deductions are** ***(specify purpose and am***

(1) _____
(2) _____
(3) _____
(4) _____

My TOTAL payroll deduction amount is: $ _____

c. My monthly take-home pay is *(a. minus b.)*: . . . . . $ _____

d. Other money I get each month is *(specify **source** and **amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings)*:

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
(4) _____ $ _____

The TOTAL amount of other money is: $ _____

(If more space is needed, attach page labeled Attachment 9d.)

e. **MY TOTAL MONTHLY INCOME IS** *(c. plus d.)*: . . . . . $ _____

f. Number of persons living in my home: _____

Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, **or** on whom you depend in whole or in part for support:

	Name	Age	Relationship	Gross Monthly Income
(1)				$
(2)				$
(3)				$
(4)				$
(5)				$

The TOTAL amount of other money is: $ _____

(If more space is needed, attach page labeled Attachment 9f.)

g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS** *(a. plus d. plus f.)*: . . . . . $ _____

10. **I own or have an interest in the following property:**

a. Cash . . . . . $ _____

b. Checking, savings, and credit union accounts *(list banks)*:

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
(4) _____ $ _____

10. c. Cars, other vehicles, and boats *(list make, year, fair market value (FMV), and loan balance of each)*:

	Property	FMV	Loan Balance
(1)		$	$
(2)		$	$
(3)		$	$

您如果選擇了 "6"，請填寫8、9a、9d、9f、9g，除此之外無須填寫其他欄目！
您如果選擇了 "7"，請填寫本表背面的所有欄目。

(3) _____ $ _____ $ _____

e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. *(list separately)*:

$ _____

11. **My monthly expenses not already listed in item 9b above are the following:**

a. Rent or house payment & maintenance $ _____
b. Food and household supplies . . . . . $ _____
c. Utilities and telephone . . . . . $ _____
d. Clothing . . . . . $ _____
e. Laundry and cleaning . . . . . $ _____
f. Medical and dental payments . . . . . $ _____
g. Insurance (life, health, accident, etc.) $ _____
h. School, child care . . . . . $ _____
i. Child, spousal support (prior marriage) $ _____
j. Transportation and auto expenses (insurance, gas, repair) . . . . . $ _____
k. Installment payments *(specify **purpose** and **amount**)*:

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____

The TOTAL amount of monthly installment payments is: . . . . . $ _____

l. Amounts deducted due to wage assignments and earnings withholding orders: $ _____

m. Other expenses *(specify)*:

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
(4) _____ $ _____
(5) _____ $ _____

The TOTAL amount of other monthly expenses is: . . . . . $ _____

n. **MY TOTAL MONTHLY EXPENSES ARE** *(add a. through m.)*: . . . . . $ _____

12. Other facts that support this application are *(describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12)*:

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

無力承擔文件呈報費嗎？

您如果屬於低收入人士，無力承擔向法庭呈報文件的費用，您可以申請「費用免收」。

本文件集為您提供申請費用免收的一切資訊與表格，包括：

- 說明與收入指南
- 表格範本--
  請**不要**填寫此等表格！
- 空白C-1表和C-3表--
  供您填寫。

需要更多空白表格嗎？

請前往：書記官辦公室，103房間

ACCESS

San Francisco Superior Court

415.551.5880

我如何申請費用免收？

1. 參考隨附的表格範本
   填寫C-1和C-3。
2. **填寫正確的案件編號！**您如果不能肯定案件編號，請到208房間向ACCESS中心求助。
3. **把填妥的C-1和C-3表格複製兩份。**（原件＋2份影印件）
4. **把表格原件及影印件送到103房間，交給書記官。**書記官會退還一份C-1表格給您自己保存。
5. **法庭會把C-3表郵寄給您，告訴您申請是否獲得批准。**如果沒有批准，您必須在10日內繳納費用。

需要幫助嗎？

請前往：

ACCESS中心
Civic Center Courthouse, 208房間
400 McAllister Street
San Francisco, CA 94102
（在Polk和McAllister兩條街的交叉口）

— THIS FORM MUST BE KEPT CONFI

982(a)(17)

僅供用作範本
請勿填寫本表格

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*:

在此處填寫**您的姓名**
在此處填寫**您的地址**

TELEPHONE N

在此處填寫**您的電話號碼**

E-MAIL ADDRESS *(Option*

ATTORNEY FOR *(Nam*

在此處填寫 ***"In Pro Per"***

NAME OF COURT:
STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

PLAINTIFF/ PETITIONER:
DEFENDANT/ RESPONDENT:

在此處填寫**您的案件名稱**

APPLICATION FOR WAIVER OF COURT FEES AND COSTS

CASE NUMBER:

在此處填寫**您的案件編號**

I request a court order so that I do not have to pay court fees and costs.

1. a. ☐ I am ***not*** able to pay any of the court fees and costs.
   b. ☐ I am able to pay ***only*** the following court fees and costs *(specify)*:

2. My current street or mailing address is *(if applicable, include city or town, a*

3. a. My occupation, employer, and employer's address are *(specify)*:

   b. My spouse's occupation, employer, and employer's address are *(specify)*:

請回答問題：
1(a)或1(b)
2
3(a)和3(b)

4. ☐ I am receiving financial assistance under one or more of the following programs:
   a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
   b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
   c. ☐ **Food Stamps:** The Food Stamp Program
   d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

5. *If you checked box 4, you m*
   detainer action. Do not ch
   a. ☐ *(Optional)* My
   b. ☐ *(Optional)* My
   ☐☐☐ T
   [Federal law
   social securi
   c. ☐ I am attaching
   [See Form 98
   office, for a l

回答問題4, 6 和 7時，**請僅僅選擇一項：**
您如果選擇 "4"，請填寫5，除此之外無須填寫其他欄目！
您如果選擇 "6"，請填寫8、9a、9d、9f、和在表背面的9g，除此之外無須填寫其他欄目！
您如果選擇 "7"，請填寫本表背面的所有欄目。

[If you checked box above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☐ My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☐ My income is not enough to pay for the common necessaries of life for me and the people in my family whom I support and also pay court fees and costs. ***[If you check this box, you must complete the back of this form.]***

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: 在此處填寫**今天的日期**

在此處用英文大寫字母填寫**您的姓名**
(TYPE OR PRINT NAME)

在此處簽名
(SIGNATURE)

(Financial information on reverse)

PLAINTIFF/PETITIONER:
DEFENDANT/RESPONDENT:

在此處填寫**您的案件名稱**

在此處填寫**您的案件編號**

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[*If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.*]**

9. **MY MONTHLY INCOME**

a. My gross monthly pay is: . . . . . $ _____

b. **My payroll deductions are** ***(specify purpose and am***

(1) _____
(2) _____
(3) _____
(4) _____

My TOTAL payroll deduction amount is: $ _____

c. My monthly take-home pay is *(a. minus b.)*: . . . . . $ _____

d. Other money I get each month is *(specify **source** and **amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings)*:

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
(4) _____ $ _____

The TOTAL amount of other money is: $ _____

(If more space is needed, attach page labeled Attachment 9d.)

e. **MY TOTAL MONTHLY INCOME IS** *(c. plus d.)*: . . . . . $ _____

f. Number of persons living in my home: _____

Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, **or** on whom you depend in whole or in part for support:

	Name	Age	Relationship	Gross Monthly Income
(1)				$
(2)				$
(3)				$
(4)				$
(5)				$

The TOTAL amount of other money is: $ _____

(If more space is needed, attach page labeled Attachment 9f.)

g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS** *(a. plus d. plus f.)*: . . . . . $ _____

10. **I own or have an interest in the following property:**

a. Cash . . . . . $ _____

b. Checking, savings, and credit union accounts *(list banks)*:

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
(4) _____ $ _____

10. c. Cars, other vehicles, and boats *(list make, year, fair market value (FMV), and loan balance of each)*:

	Property	FMV	Loan Balance
(1)		$	$
(2)		$	$
(3)		$	$

您如果選擇了 "6"，請填寫8、9a、9d、9f、9g，除此之外無須填寫其他欄目！
您如果選擇了 "7"，請填寫本表背面的所有欄目。

(3) _____ $ _____ $ _____

e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. *(list separately)*:

$ _____

11. **My monthly expenses not already listed in item 9b above are the following:**

a. Rent or house payment & maintenance $ _____
b. Food and household supplies . . . . . $ _____
c. Utilities and telephone . . . . . $ _____
d. Clothing . . . . . $ _____
e. Laundry and cleaning . . . . . $ _____
f. Medical and dental payments . . . . . $ _____
g. Insurance (life, health, accident, etc.) $ _____
h. School, child care . . . . . $ _____
i. Child, spousal support (prior marriage) $ _____
j. Transportation and auto expenses (insurance, gas, repair) . . . . . $ _____
k. Installment payments *(specify **purpose** and **amount**)*:

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____

The TOTAL amount of monthly installment payments is: . . . . . $ _____

l. Amounts deducted due to wage assignments and earnings withholding orders: $ _____

m. Other expenses *(specify)*:

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
(4) _____ $ _____
(5) _____ $ _____

The TOTAL amount of other monthly expenses is: . . . . . $ _____

n. **MY TOTAL MONTHLY EXPENSES ARE** *(add a. through m.)*: . . . . . $ _____

12. Other facts that support this application are *(describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12)*:

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.