



**INFORMATION UPDATE/ VERIFICATION FORM**  
**ALL INTERPRETERS: PLEASE FILL OUT FORM AND RETURN ONLY IF YOU HAVE CHANGES**

**Name:** \_\_\_\_\_ (Is this a new name? Yes/No)  
**Certification or Registration Number:** \_\_\_\_\_

Contact information, including phone numbers and e-mail address, will be published on the Master List on the public Web site and may also be provided, along with your mailing address, to trial court personnel on request, unless you indicate otherwise below. The Master List may be used by the courts, other state agencies, and the public to locate and contact interpreters for assignments. The information is also used by the Judicial Council to contact you. Please make sure your information is kept up to date. It is your responsibility to notify the Judicial Council immediately of any changes.

**Mailing address (required)**

Street/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**County and State in which you live:** \_\_\_\_\_

**Residential address (optional)**  Check if same address as above

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please mark "X" in the box if you want the following information published to the Master List.**

- Home phone: (\_\_\_\_) \_\_\_\_\_  Work phone: (\_\_\_\_) \_\_\_\_\_
- Cell: (\_\_\_\_) \_\_\_\_\_  Pager: (\_\_\_\_) \_\_\_\_\_
- Fax: (\_\_\_\_) \_\_\_\_\_  E-mail: \_\_\_\_\_

**GEOGRAPHIC AVAILABILITY (Please circle all counties in which you are available to work)**

- |                |                |              |                    |                  |                   |
|----------------|----------------|--------------|--------------------|------------------|-------------------|
| 1 Alameda      | 11 Glenn       | 21 Marin     | 31 Placer          | 41 San Mateo     | 51 Sutter         |
| 2 Alpine       | 12 Humboldt    | 22 Mariposa  | 32 Plumas          | 42 Santa Barbara | 52 Tehama         |
| 3 Amador       | 13 Imperial    | 23 Mendocino | 33 Riverside       | 43 Santa Clara   | 53 Trinity        |
| 4 Butte        | 14 Inyo        | 24 Merced    | 34 Sacramento      | 44 Santa Cruz    | 54 Tulare         |
| 5 Calaveras    | 15 Kern        | 25 Modoc     | 35 San Benito      | 45 Shasta        | 55 Tuolumne       |
| 6 Colusa       | 16 King        | 26 Mono      | 36 San Bernardino  | 46 Sierra        | 56 Ventura        |
| 7 Contra Costa | 17 Lake        | 27 Monterey  | 37 San Diego       | 47 Siskiyou      | 57 Yolo           |
| 8 Del Norte    | 18 Lassen      | 28 Napa      | 38 San Francisco   | 48 Solano        | 58 Yuba           |
| 9 El Dorado    | 19 Los Angeles | 29 Nevada    | 39 San Joaquin     | 49 Sonoma        | 59 Out of state   |
| 10 Fresno      | 20 Madera      | 30 Orange    | 40 San Luis Obispo | 50 Stanislaus    | 60 All counties   |
|                |                |              |                    |                  | 62 Out of Country |

**NAME CHANGE: If your name has changed please provide:**

**Former Name** (as it appears on the Master List): \_\_\_\_\_

**New Name** \_\_\_\_\_

If you have changed your name, you will require a new badge. Please return this form along with a \$15 check, cashier's check, or money order payable to State of California. *You will be charged \$15 for a returned check.*

**IDENTITY VERIFICATION**

The following information is requested to verify your identity and *will not* be released:

California driver's license or ID #: \_\_\_\_\_ Expires: \_\_\_\_\_

Name as shown on my California driver's license or ID: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the Judicial Council to release information contained herein, unless I have indicated otherwise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DECLARATION**

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that any false or misleading statements may result in the forfeiture of my status as a certified court or registered interpreter and removal from the Judicial Council's Master List, in addition to other penalties provided by law.

Your full name (print clearly): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Mail completed update form to:*  
**Judicial Council of California**  
**Court Language Access Support Program**  
**455 Golden Gate Avenue**  
**San Francisco, CA 94102-3688**

For additional information, e-mail [courtinterpreters@jud.ca.gov](mailto:courtinterpreters@jud.ca.gov) or visit the website at [www.courts.ca.gov/interpreters](http://www.courts.ca.gov/interpreters)

**Keep a copy of this completed form for your records.**