



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

Name: _____ **(Is this a new name? Yes/No)**

Certification and/or Registration Number: _____

Contact information, including phone numbers and e-mail addresses, will be published on the Master List on the California Courts website 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. This information is also used by the Court Interpreters Program to contact you. Please make sure your information is kept upto date. It is your responsibility to immediately notify the Court Interpreters Program of any changes.

E-mail address: _____

Mailing address:

Street/P.O. Box: _____

City: _____ State _____ Zip Code: _____

County and State in which you live: _____

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

Home phone: (____) _____ Work phone: (____) _____

Cell: (____) _____ E-mail: _____

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

- | | | | | | |
|---------------------------------------|--------------------------------------|------------------------------------|--|--|---|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Glenn | <input type="checkbox"/> Marin | <input type="checkbox"/> Placer | <input type="checkbox"/> San Mateo | <input type="checkbox"/> Sutter |
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Humboldt | <input type="checkbox"/> Mariposa | <input type="checkbox"/> Plumas | <input type="checkbox"/> Santa Barbara | <input type="checkbox"/> Tehama |
| <input type="checkbox"/> Amador | <input type="checkbox"/> Imperial | <input type="checkbox"/> Mendocino | <input type="checkbox"/> Riverside | <input type="checkbox"/> Santa Clara | <input type="checkbox"/> Trinity |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Inyo | <input type="checkbox"/> Merced | <input type="checkbox"/> Sacramento | <input type="checkbox"/> Santa Cruz | <input type="checkbox"/> Tulare |
| <input type="checkbox"/> Calaveras | <input type="checkbox"/> Kern | <input type="checkbox"/> Modoc | <input type="checkbox"/> San Benito | <input type="checkbox"/> Shasta | <input type="checkbox"/> Tuolumne |
| <input type="checkbox"/> Colusa | <input type="checkbox"/> Kings | <input type="checkbox"/> Mono | <input type="checkbox"/> San Bernardino | <input type="checkbox"/> Sierra | <input type="checkbox"/> Ventura |
| <input type="checkbox"/> Contra Costa | <input type="checkbox"/> Lake | <input type="checkbox"/> Monterey | <input type="checkbox"/> San Diego | <input type="checkbox"/> Siskiyou | <input type="checkbox"/> Yolo |
| <input type="checkbox"/> Del Norte | <input type="checkbox"/> Lassen | <input type="checkbox"/> Napa | <input type="checkbox"/> San Francisco | <input type="checkbox"/> Solano | <input type="checkbox"/> Yuba |
| <input type="checkbox"/> El Dorado | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Nevada | <input type="checkbox"/> San Joaquin | <input type="checkbox"/> Sonoma | <input type="checkbox"/> Out of State |
| <input type="checkbox"/> Fresno | <input type="checkbox"/> Madera | <input type="checkbox"/> Orange | <input type="checkbox"/> San Luis Obispo | <input type="checkbox"/> Stanislaus | <input type="checkbox"/> All counties |
| | | | | | <input type="checkbox"/> 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 the State of California. *Returned checks are subject to a \$15 returned check fee*

IDENTITY VERIFICATION

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

California driver's license or ID #: _____ Expiration date: _____

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 new full name (print clearly): _____

Signature: _____ Date: _____

Mail completed update form to:

**Judicial Council of California
Court Interpreters Program
455 Golden Gate Avenue
San Francisco, CA 94102-3688**

Please keep a copy of the completed form for your records.