REQUEST FOR INTERPRETER SERVICES *

DEPARTMENT OF ADMINISTRATION

TO:

	HEARINGS DIVISION
	APPEALS OFFICER
	2200 S RANCHO DRIVE #220
	LAS VEGAS NV 89102
	(702) 486-2527
	(702) 486-2555 (Fax)
RE:	COURT INTERPRETER SERVICES
Pre-app	proval for interpreter services are requested as follows:
Claima	nt:
Appeal	No:
Date &	Time of Hearing:
Length	of Hearing:
Langua	ge:
Reques	ted by:
Dated:	

* Pursuant to NAC 616C.2755, this request and form <u>must</u> be received by the Appeals Office at least ten (10) days prior to the scheduled hearing date.

Please be advised that an Interpreter must be cancelled at least 24 hours prior to the date and time of the scheduled hearing. Failure to do so may result in the assessment of a cancellation fee pursuant to NRS 616D.065.