

THE STATE OF ARKANSAS
ARKANSAS SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
COURT INTERPRETER SERVICES

**PERSONAL INFORMATION FORM FOR ARKANSAS COURT INTERPRETERS
APPLICATION**

Complete this form in its entirety and return it to:

Administrative Office of the Courts
625 Marshall Street | Justice Building
Little Rock, AR 72201
Attn: Court Interpreter Services

Name: _____
Last _____ First _____ Middle _____

Date of Birth: _____ / _____ / _____

Mailing Address: _____

Enclose a recent passport photograph of yourself.

Contact Telephone: _____ **Text?:** (check one) Yes No

Email Address: _____

Applicants must be 21 years of age.

Education: Attach documentation of graduation (copy of G.E.D. / High School Diploma / Post-Secondary Transcript)

Have you ever been convicted of a felony?..... Yes No

Have you ever been convicted of a misdemeanor? Other than a traffic violation?..... Yes No

If yes to either question, please explain on a separate sheet and attach to this form.

Do you have a legal right to live and work in the U.S.? (check one)..... Yes No

Are you currently employed by an Arkansas State Agency? (check one)..... Yes No

If yes, which agency? _____

Language(s): _____

Sign Language Interpreters Only: (Check one) Deaf Hearing

Certification(s): _____

RID Membership ID # _____

Please attach a current copy of your RID Membership Card.

Arkansas License # _____

I certify that all the information contained on this form is true and correct to the best of my information and belief.

Signature of Applicant