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STATE OF CONNECTICUT JUDICIAL BRANCH

INTERPRETER AND TRANSLATOR SERVICES

CONTACT INFORMATION SHEET

Please Print or Type:

Mr./Mrs./Ms./Dr. (Circle Preference)

_____

Last Name **First Name** **Middle Initial**

Mailing Address: _____

City: _____ **State:** _____

County: _____ **Zip Code:** _____

Home Phone : _____ **Business Phone :** _____

Cell Phone : _____ **Fax Number :** _____

E-mail Address: _____

Languages in Which I Possess a Native-like Fluency (Please List):

_____

Please complete this form and return it to: Interpreter.Employment@jud.ct.gov or mail it to
Interpreter and Translator Services,
90 Washington Street, Hartford, Connecticut 06106

If you are a person with a disability who requires an accommodation to participate, please contact us at the address listed above.