

## Interpreter Request Form

Please fill out the request form as completely as possible. Please note this request is NOT a confirmation of an interpreter. We will contact you as soon as your request has been received. If you would like to inquire about the status of your request, please email us at [info@interpretnmf.com](mailto:info@interpretnmf.com) or call us at 1-855-662-5300. Thank you and we look forward to doing business with you.

\*Required Fields

### CLIENT INFORMATION

\*Company Name: \_\_\_\_\_ \*Department: \_\_\_\_\_

\*Client Name (person who needs interpreting): \_\_\_\_\_

\*On-Site Contact Person: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

\*Phone Number (including cellphone for last minute needs): \_\_\_\_\_

### APPOINTMENT DATE & LOCATION

\*Date(s): \_\_\_\_\_ to \_\_\_\_\_

\*Time(s): \_\_\_\_\_ to \_\_\_\_\_

On Site Interpreting:

\*Service Site Name: \_\_\_\_\_

\*Service Site Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Specific Location Instructions: (Which building, office number, etc. "Meet at table in conference room. Park in any uncovered parking stall.")  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephonic Interpreting: Call-in Number: \_\_\_\_\_  
\_\_\_\_\_

### TYPE OF APPOINTMENT

\*Type of Appointment:

Medical  Legal  Other \_\_\_\_\_

Appointment/Meeting Details: (Be as descriptive as possible about the nature of the appointment, so that we can provide the best possible interpreter(s) for the job.)  
\_\_\_\_\_  
\_\_\_\_\_

### LANGUAGE DETAILS

\*Clients Country of Origin: \_\_\_\_\_

State: \_\_\_\_\_ Municipal: \_\_\_\_\_

\*Language: \_\_\_\_\_

(If you cannot distinguish which Indigenous Language you need, please call us and we can help)

\*Special Instructions or Needs: \_\_\_\_\_  
\_\_\_\_\_

### ADDITIONAL INFORMATION

\*Any additional information about this appointment that would be helpful for us to know when choosing among our Interpreters? (i.e. sensitive women's appointment, so prefer a woman)  
\_\_\_\_\_  
\_\_\_\_\_

### BILLING INFORMATION

\*Email Invoice to: \_\_\_\_\_

\*Mail invoice to: (Agency Name): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

### CONTACT PERSON (to confirm appointment details)

\*Name: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

\*Email: \_\_\_\_\_

Have we interpreted for you previously?  Yes  No

How did you hear about us? \_\_\_\_\_