



JUDICIARY OF GUAM
COURT INTERPRETER REGISTRATION/APPLICATION FORM

Please Read Instructions Carefully: Fill out this application form completely and accurately. Attach additional sheets if necessary. All applications must be hand delivered to the Interpreter Coordinator or mailed to Judiciary of Guam, Guam Judicial Center, Clerk's Office, 112 W. O'Brien Dr. Hagatna, Guam 96910. **INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF YOUR APPLICATION.** Please write N/A in any fields that does not apply. Any change of information to other sections must be reported immediately to the Court Interpreter Coordinator.
 Please TYPE OR PRINT LEGIBLY in blue or black ink. All information must be complete.

APPLICANT INFORMATION

Please list your language(s) and dialect(s). A dialect is a regional variation of a language. If you speak a language that has regional dialects, please list the dialect(s) you speak and understand. An example would be the Filipino Visayan dialects which include Cebuano, Ilongo and Waray. Other examples are South American Spanish, Brazilian Portugese and Austrian German.

Please State the Language(s) and Dialect(s) That You Interpret:

Last, First Middle Initial	Social Security No.
Tax Number (EIN):	Are you a US Citizen? []Yes []No If Not, Please State: _____
Residential Address:	Mailing Address:

Please list your contact information and indicate which method is the best way to reach you. If you would like the Judiciary to publish/release contact information to non-judiciary entities and individuals who request a list of registered court interpreters, complete the "OK to Publish" section

Address/Phone No./Email Address	Ok to Publish? (Mark One)
Business Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No

In case of an emergency, contact:

Name:	Relationship:	Home No.	Work No.	Cell No.
Name:	Relationship:	Home No.	Work No.	Cell No.
Name:	Relationship:	Home No.	Work No.	Cell No.

EDUCATION

School	Name and Location City, State and Country	Primary Language of Instruction	Major Course of Study	Degree/Certificate Received (please check)	Month/Year Received
High School					
College or University (Undergraduate)					
College or University (Graduate)					
Other					

RELEVANT WORK/VOLUNTEER EXPERIENCE

Beginning with the most, list any employment or volunteer experience that relates to interpreting and/or translating. Please attach additional sheets if necessary.

Employer/Agency/ Organization	City/State/Country	Interpreter/Translation Duties Performed	Dates of Service

Please check all settings below that you have interpreted, in the language(s) you have interpreted, in if more than one. Specify the language interpreted in the setting if in more than one language/dialect.

Legal Settings:

- Supreme Court: Criminal Civil
 District Court: Criminal Civil
 Superior Court: Criminal Civil Traffic
 Trials
 Prosecutor's Office
 Public Defender's Office
 U.S. Immigration Court
 Private Attorney/Law Office
 Ct. Appointed Counseling

Non-legal Settings:

- Social Service Agency
 Law Enforcement Agency
 Non-Profit or Community Organization
 Elementary/Middle/High School
 College/University
 Hospital/Medical Clinic
 Conference
 Business/Commercial
 Other: _____

Please check the types of documents that you have translated:

- Legal/Court document Hospital/Medical records Other _____
 Private industry documents Passports Other _____
 Immigration documents Birth Certificates

RELEVANT TRAINING

Please list any formal interpreter/translator training or workshop/conferences that you have received via college, university or any other type of training received/completed. Attach any degree, certification or certificates received.

Name	Location	Dates	No. of Hours

CONVICTION(S) FOR A VIOLATION OF LAW, DISMISSAL FROM EMPLOYMENT, SEPARATION FROM MILITARY SERVICE

Please answer each question by checking "yes" or "no". If yes, please explain. A criminal background check will be conducted by the Judiciary of Guam. The information requested is needed to determine suitability for inclusion in the registration program, and may **not** automatically disqualify you from the registration process. Please attach additional sheets if necessary.

1. Have you been convicted of a crime? Yes No
If yes, explain _____
2. Have you been convicted of a crime of moral turpitude? Yes No
If yes, explain _____
3. Have you been dismissed from employment? Yes No
If yes, explain _____
4. Have you been dishonorably separated from military service? Yes No
If yes, explain _____

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that (1) the information provided in this application form is true and correct, and (2) I have read and will abide by the Code of Professional Conduct for Court Interpreters. I understand that I will be subject to penalty under law and removal from the Judiciary of Guam Interpreter Registry.

I also understand that: (1) completion of this application form does not ensure my inclusion in the Judiciary of Guam Interpreter Registry; (2) neither the inclusion of my name in the Judiciary of Guam Interpreter Registry nor my work as a court interpreter constitutes an endorsement or certification by the Judiciary; (3) neither inclusion of my name in the Judiciary of Guam Interpreter Registry nor my work as a court interpreter constitutes any employment contract with the Judiciary, my capacity being strictly that of an independent contractor, and the Judiciary is free to use the service of other court interpreters; (4) I am not entitled to claim or receive from the Judiciary any vacation, sick leave, retirement worker's compensation or other benefits provided to other Judiciary employees; and (5) I am responsible for filing any required federal or state forms and/or paying applicable taxes or fees.

Signature: _____ Date: _____