

**County of San Bernardino
Department of Behavioral Health**

Interpretation Service Request

Date: _____ Requestor: _____

Event Name: _____ Event Date: _____

Office/Unit: _____ Telephone: _____

Event Start Time: _____ Estimated Event End Time: _____

Address and Location of Event (please include room number):

Supervisor Name: _____ Cost Center: _____

Checking this box provides approval for OCCES to charge the cost of interpretation to the cost center listed above if outside vendor is necessary.

Description of Interpretation:

- Meeting
- Public Forum
- Other _____

Language Requested:

- Spanish
- Vietnamese
- Other _____

Equipment Request: (If Applicable)

- Interpreter Equipment
Event: _____

- No staff available for translation in region or specialized program.
- Document too lengthy /legal/technical for staff.
- Special instructions for OCCES-please include at the end of the justification.

Justification: _____

Submit this form electronically to the DBH-Cultural Competency global email

OCCES OFFICE USE ONLY

Contract Vendor: _____ Staff Initial: _____