

Sign Language Interpreter & Transliterators State Registration Act

Request to Use a Non-Registered Interpreter / Transliterators

Date _____

Requestor (person who is deaf, deafblind, or hard of hearing)

Name _____

Address _____

Email _____

Phone _____ telephone videophone TTY (circle one)

Non- Registered Interpreter (attach business card, if possible)

Name _____

Address _____

Email _____

Phone _____ telephone videophone TTY (circle one)

I am requesting _____, to facilitate communication for me.

I understand that the Sign Language Interpreter & Transliterators State Registration Act, (Act 57) (P.L. 492, No. 57), 63 P.S. § 1725.2 et. Seq., is a law that requires interpreters / transliterators who meet the criterion to register with the Office for the Deaf & Hard of Hearing prior to providing interpreting / transliterating services in Pennsylvania.

I understand that Act 57 gives me, as a person who is deaf or hard of hearing, the right to have a registered sign language interpreter / transliterators provide services or I may voluntarily request and accept the services of a non-registered interpreter / transliterators.

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By signing my name below:

- I verify that I have voluntarily requested and accept interpreting / transliterating services from _____.
- I verify that _____ has informed me that he/she is not registered with the Office pursuant to Act 57.
- I understand that the interpreter / transliterator is accountable for accurate and effective communication.
- I understand that the non-registered interpreter, _____ is required to maintain a copy of this signed form for a period of two (2) years.
- I understand that I, the requestor, shall receive a copy of this signed form.
- I understand that my request is valid for two years from the date, unless my personal representative or I revoke my request.

_____ Signature (person who is deaf, deaf blind or hard of hearing)	_____ Print	_____ Date
_____ Parent / Guardian of a minor (17 years old or younger)	_____ Print	_____ Date
_____ Interpreter / Transliterator	_____ Print	_____ Date
_____ Witness	_____ Print	_____ Date

Questions:

If you have questions regarding the Sign Language Interpreter & Transliterator State Registration Act, contact ODHH at odhh@pa.gov or 717-783-4912v/tty or 717-831-1928 videophone