



ADMINISTRATIVE OFFICE OF THE COURTS

Pamela Harris
State Court Administrator
410-260-1295

MEMORANDUM

To: Persons Seeking Interpreting Assignments in the Maryland Courts
From: Ksenia A. Boitsova, Court Interpreter Program Administrator
Date: June 17, 2020
Subject: 1-Day Introductory Workshop on Court Interpreting

The Judiciary's Fall 2020 Introductory Workshop on Court Interpreting dates are listed below and on the attached *Request to Attend the Introductory Workshop on Court Interpreting* form. The workshop will be held online via GoToWebinar. After completing the *Introductory Workshop on Court Interpreting*, foreign language candidates will need to undergo testing and training before being allowed on the Court Interpreter Registry as qualified interpreters. **There is no fee for the workshop.**

Workshop

Saturday, September 12, 2020

Registration Deadline

Friday, September 4, 2020

IMPORTANT: For the Fall 2020 Workshop:

For the Fall 2020 workshop we are accepting applications from candidates in all languages.

Completed registration packages must be received by 4:30 PM on the registration deadline date to be considered for the workshop. Candidates who are not accepted into the workshop will have their application and fees returned. **There is no fee for the workshop.**

TTY Users: 1-800-735-2258

Faye D. Matthews
Deputy
State Court Administrator
410-260-1257

Robert Bruchalski
Assistant Administrator
Judicial Information Systems
410-260-1001

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Government Relations
410-260-1560

Stacey A. Saunders
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Education
410-260-3549

To attend the workshop, you must submit a **completed** registration package, which includes: 1) a **completed** *Request to Attend the Introductory Workshop on Court Interpreting* form, 2) a **completed** *Application to Attend the Introductory Workshop on Court Interpreting* form, 3) a **completed** *Authorization for Access to Records*, 4) a **completed** *Permission to Release Contact Information* form (optional).

Submit the completed registration package to interpretermd@mdcourts.gov

Due to COVID-19, we will not accept hand-delivered or mailed applications.

SUBMIT YOUR SCANNED APPLICATION TO:

INTERPRETERMD@MDCOURTS.GOV

After the closing registration date, notice of confirmed acceptance (with additional information on the workshop) will be provided to each participant in advance of the scheduled workshop.

Applicants with any questions regarding completion of these forms should contact the Administrative Office of the Courts, Court Interpreter Program at (410) 260-1291/ Maryland Relay Service (800) 735-2258.

Enclosures

- Request to Attend Introductory Workshop on Court Interpreting
- Application to Attend Introductory Workshop
- Permission to Release Contact Information
- Authorization for Access to Records



ADMINISTRATIVE OFFICE OF THE COURTS
STATE OF MARYLAND

Request to Attend the Introductory Workshop on Court Interpreting

Please Type or Print Legibly. Information on the form **MUST BE COMPLETE**

Language(s)/Dialect(s):

Title: _____ Last Name: _____ First Name: _____ M.I. _____
(Mr./Mrs./ Ms./Dr., etc)

Current Address: _____

City: _____ State: _____ Zip: _____ County: _____

Please accept my completed *Application to Attend the Introductory Workshop on Court Interpreting*. Please consider my application for the date I have indicated below. Hours are from 9 a.m. to 3:30 p.m.

Introductory Workshop for Court Interpreter Candidates - **Deadline: Friday September 4, 2020**

Saturday September 12, 2020

Administrative Office of the Courts

I understand that the Administrative Office of the Courts (AOC) will send a letter or e-mail to acknowledge receipt of my application. A second letter will be sent after the deadline to inform me if I have been accepted and registered for the workshop. I agree to notify the AOC at (410) 260-1291/Maryland Relay Service (800) 735-2258 promptly should it become necessary for me to cancel my confirmed attendance, with the understanding that (1) my tuition payment will not be refunded if notification is given less than 1 week prior to the scheduled class, and (2) that if acceptable cancellation notification is received, my application and fee will be returned to me and I must reapply if I wish to attend any other scheduled workshop.

Signature Date

Please specify any special accommodation(s) needed to participate in the Introductory Workshop on Court Interpreting due to the Americans with Disabilities Act:

The Maryland State Judiciary is an equal opportunity employer and does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability.

For AOC use only:

- Entered _____
- Background
- Accepted
- Rejected



**ADMINISTRATIVE OFFICE OF THE COURTS
STATE OF MARYLAND**

**Application to Attend the Introductory Workshop on Court
Interpreting**

PLEASE READ INSTRUCTIONS CAREFULLY: Maryland court interpreters listed on the Court Interpreter Registry work on a freelance, "as needed" basis. Being accepted into the workshop, passing all the requirements, and being listed on the Registry does not guarantee full-time, part-time or contractual employment. If you are looking for permanent employment with the Maryland Judiciary, please visit the Maryland Judiciary website at: <http://www.courts.state.md.us/jobs/index.html>. Court interpreting requires much more than being bilingual. You must have native-like proficiency in both the target language and English. If you do not have this proficiency in both languages, it is strongly suggested that you improve your skills before applying for this workshop. You must submit all pages of this application. **INCOMPLETE APPLICATIONS WILL BE RETURNED.** Do not leave any fields blank. Our office requires all information in order to process your request.

APPLICANT INFORMATION

*Please Type or Print Legibly. Information on the form **MUST BE COMPLETE.***

LANGUAGE(S)/DIALECT(S):

Title: _____ Last Name: _____ First Name: _____ M.I. _____

Current Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone number: Primary: _____ Secondary: _____

E-mail address: _____

Your Current Employer: _____

JURISDICTIONS IN WHICH YOU ARE WILLING TO ACCEPT INTERPRETER ASSIGNMENTS:

Entire State (May include driving up to 4 hours, *please choose only if you truly are willing to travel*)

- | | | |
|----------------------------------------------|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |
| <input type="checkbox"/> Caroline County | <input type="checkbox"/> Howard County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Carroll County | <input type="checkbox"/> Kent County | <input type="checkbox"/> Wicomico County |
| <input type="checkbox"/> Cecil County | <input type="checkbox"/> Montgomery County | <input type="checkbox"/> Worcester County |

FORMAL EDUCATION

1. My education in the **United States** consists of the following: (Please type N/A if not applicable)

School	Name and Location of School	Primary Language of Instruction	Did you receive a degree/diploma?	Diploma/Degree
Elementary or Middle School				
High School or High School Equivalency			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University (Undergraduate)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University (Graduate)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. My education in a **foreign country** where the language I want to interpret is spoken consists of the following: (Write N/A if not applicable)

School	Name and Location of School	Primary Language of Instruction	Did you receive a degree/diploma?	Diploma/Degree
Elementary or Middle School				
High School or High School Equivalency			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University (Undergraduate)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University (Graduate)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

COURT INTERPRETING EXPERIENCE

9. Do you have experience interpreting in court or any other legal setting?

Yes No

If yes, please explain in detail:

TRANSLATION EXPERIENCE

10. Are you currently a translator, or are you interested in translation?

Yes No

If yes, what kind of documents do you translate or expect to translate most frequently (check as many as apply):

- | | | |
|---------------------------------------------------------|-------------------------------------------------|--------------------------|
| <input type="checkbox"/> Documents for private industry | <input type="checkbox"/> Birth certificates | List any other |
| <input type="checkbox"/> Court documents | <input type="checkbox"/> Baptism certificates | <input type="checkbox"/> |
| <input type="checkbox"/> School records | <input type="checkbox"/> Immigration documents | <input type="checkbox"/> |
| <input type="checkbox"/> Foreign driver's licenses | <input type="checkbox"/> Hospital records | <input type="checkbox"/> |
| <input type="checkbox"/> Passports | <input type="checkbox"/> Inspirational material | <input type="checkbox"/> |

FOREIGN LANGUAGE INTERPRETATION: (attach a copy of each certificate)

11. Do you currently hold any type of certification that may qualify you to work in the courts as a foreign language interpreter? (Federal, State, U.S. State Department, others)

Yes No

If yes, please specify the type of certification, location/date of examination and the date of certification:

SIGN LANGUAGE INTERPRETATION: (attach a copy of each certificate)

12. Do you currently hold any type of certification that qualify you to work in the courts as a sign language interpreter? (RID: SC: L, CT, CSC, others)

Yes No

If yes, please specify the type of certification, location/date of examination and the date of certification:

PROFESSIONAL INTERPRETER/TRANSLATOR AFFILIATION(S)

13. Please list current memberships or affiliations with professional interpreter or translator organizations:

- 1.
- 2.
- 3.

WHY DO YOU WANT TO BE AN INTERPRETER?

14. Please tell us why you have decided to become an interpreter and why you feel you are qualified to be one. (Please do not exceed the space provided). **You must complete this section for your application to be considered.**



ADMINISTRATIVE OFFICE OF THE COURTS

MARYLAND JUDICIAL CENTER
580 TAYLOR AVENUE
ANNAPOLIS, MARYLAND 21401

Pamela Harris
State Court Administrator
410-260-1295

PERMISSION TO RELEASE NAME, E-MAIL ADDRESS, AND TELEPHONE NUMBERS

MEMORANDUM

TO: Court Interpreter Candidates
FROM: Ksenia A. Boitsova, Court Interpreter Program Administrator
SUBJECT: Release of Name, E-mail Address, and Telephone Number(s)

The Administrative Office of the Courts (AOC) receives requests from state agencies, lawyers, community groups, etc. for a copy of our Court Interpreter Registry.

If you want the AOC to release your name, e-mail address, and contact telephone number(s), you must complete and return this form to:

Administrative Office of the Courts
Court Interpreter Program
187 Harry S. Truman Parkway
Annapolis, MD 21401

The AOC has my permission to release my name, e-mail address, and contact telephone number(s).

(Please Print).

<i>Print Name</i>	<i>Cell Phone Number</i>
<i>E-Mail Address</i>	<i>Other Phone Number</i>
<i>Street Address</i>	<i>Apt. Number</i>
<i>City</i>	<i>State</i>
<i>Signature</i>	<i>Zip</i>
<i>Signature</i>	<i>Date</i>

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Authorization to Obtain

Pre-Employment Background Information

Release of Information for Employment Purposes. In connection with my application for employment with Maryland Judiciary, hereafter “employer”, pursuant to 15 U.S.C. §1681, *et. seq.*, I hereby authorize employer and its designated agents and representatives to conduct a pre-employment background check. I understand the scope of the report will be limited to the following areas: verification of Social Security number; current and previous residences; criminal and civil history including records from any criminal justice agency in any or all federal, state, county or international jurisdictions; and motor vehicle records, including traffic citations and registration. This authorization specifically excludes the release of credit and medical information.

PLEASE TYPE OR PRINT NEATLY

Applicant Information	Used for identification purposes only	All applicable fields are required
Last Name	First Name	Full Middle Name or “NMN”
Date of Birth (MM/DD/YYYY)	Social Security Number	All other names/aliases previously used
Do you have a valid driver’s license or a State issued identification (Yes/No)?	License/identification number	Issuing State of license/identification

Residential Address Information

Starting with your current address, please provide previous addresses for the last seven (7) years. Please provide the month and year for each. If additional space is needed, please submit an additional form.

From	Present	Street Address	City	State	Zip Code	Country
From	To	Street Address	City	State	Zip Code	Country
From	To	Street Address	City	State	Zip Code	Country
From	To	Street Address	City	State	Zip Code	Country
From	To	Street Address	City	State	Zip Code	Country
From	To	Street Address	City	State	Zip Code	Country

- I understand that I must provide my date of birth to adequately complete this screening and acknowledge that my birthdate will not affect any hiring decisions.
- I hereby release employer and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me because of compliance with this authorization.
- I authorize Maryland Judiciary to conduct this Pre-Employment Check, pursuant to the Fair Credit Report Act, 15 U.S.C. §1681, *et. seq.* You have the right under that statute, to request, from the investigative agency performing the background check, the report they have prepared in conjunction with your application for employment. You have authorized and requested all courts and law enforcement agencies to release such information without restriction or qualification.

Applicant Signature	Date
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Maryland Judiciary Use ONLY

PIN	Position/Contractor	Department	Section/Location
Submitted	Posted	Contact	Contact Phone #

Maryland Judiciary is a drug free workplace. Maryland Judiciary is an affirmative action, equal opportunity employer and prohibits discrimination on the basis of race, sex, sexual orientation, gender identity, religion, age, color, creed, national or ethnic origin, disability, marital status, genetic information, criminal conviction, and/or military status.