

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION Court Interpreters

Please type or print clearly and legibly in ink. Please complete every section of the form. Please also enclose your \$30 application fee, made payable to the Idaho Supreme Court.

Last Name	First Name	Middle Initial
List Former Name(s) (Maiden, AKA, Etc.)	List Former Name(s) (Maiden, AKA, 1	Etc.)
List Former Name(s) (Maiden, AKA, Etc.)	List Former Name(s) (Maiden, AKA, I	Etc.)
Street Address	City	State ZIP
Telephone Number:	Date of Birth:	
I am applying to be placed on a court interprete conditionally approved; registered Are you an Idaho resident? Yes No Ho If you answer Yes to question 1–5 or No to que <u>EXPLANATION</u> of each item including date,	ow long have you been an Idaho resident?	
1. Do you have an arrest record in this or any o	ther state?	Yes 🗆 No 🗆
2. Have you ever pled guilty or been convicted Check YES, even if the conviction was seale (include traffic crimes, such as DUI, reckless but do not include traffic infractions such as	ed or the judgment was withheld	Yes 🗆 No 🗆
3. Do you have criminal charges or warrants per parole in this state or any other state?		
4. Have you ever had a valid child or adult pro-	tection action filed against you?	Yes 🗆 No 🗆
5. Has your driver's license ever been suspende	ed or revoked?	Yes 🗆 No 🗆
6. Do you have a valid driver's license today? Page 1 of 2		Yes 🗆 No 🗆

Authorization to Investigate:

I hereby authorize the Administrative Office of the Courts of Idaho to make inquiry of any and all criminal justice agencies, military authorities and/or other agencies or individuals for purposes of determining the nature, dates and extent, including dispositions, of any criminal history information and agencies or individuals might possess pertaining to myself.

I understand that the information obtained pursuant to a search of criminal records may be deemed sufficient to deny my appointment as a court interpreter. I further understand that any information obtained will be used only for purposes of determining my eligibility for court interpreting unless such information indicates evidence of an unresolved criminal matter. In such event, the proper authorities would be notified.

I hearby authorize the release of any and all persons, entities, agencies and organizations, individually and collectively, from liability for damages of whatever kind relating to or arising out of any release of information, including records, statements and opinions, as a result of this authorization.

I have read, understand and consent to the above statements.

Applicant's Signature	Date	
Notary		
State of)	
State of County of) SS.)	
Subscribed and sworn	to before me this day o	of, 20
	Cianoturo	
(SEAL)	Signature Residing at	on Expires

Please sign, date and provide all required information and return with your \$30 application fee. Forms that are incomplete will be returned.

Mail to: Idaho Administrative Office of the Courts ATTN: Court Interpreter Program P.O. Box 83720 Boise, ID 83720-0101