

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 \$50 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, Et	tc.)
List Former Name(s) (Maiden, AKA, Etc.)	List Former Name(s) (Maiden, AKA, Et	tc.)
Street Address	City	State ZIP
Telephone Number:	Date of Birth:	
I am applying to be placed on a court interpreter roster as: □ certified-master level; □ certified; □ conditionally approved; □ registered □ an interpreter for the deaf and hard of hearing Are you an Idaho resident? Yes □ No □ How long have you been an Idaho resident? □ If you answer Yes to question 1–5 or No to question 6 below, provide a SEPARATE WRITTEN EXPLANATION of each item including date, location, crime or incident & action.		
1. Do you have an arrest record in this or any oth	ner state?	Yes \square No \square
2. Have you ever pled guilty or been convicted of Check YES, even if the conviction was sealed (include traffic crimes, such as DUI, reckless of but do not include traffic infractions such as experience.	or the judgment was withheld driving, or driving without privileges,	Yes 🗆 No 🗆
3. Do you have criminal charges or warrants pen parole in this state or any other state?		Yes \square No \square
4. Have you ever had a valid child or adult prote	ection action filed against you?	Yes \square No \square
5. Has your driver's license ever been suspended	l or revoked?	Yes \square No \square
6. Do you have a valid driver's license today? Page 1 of 2		Yes 🗆 No 🗆

Authorization to Investigate:

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

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.

Please sign, date and provide all required information and return with your \$50 application fee.

<u>Incomplete forms will be returned to sender.</u>

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