



**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
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List Former Name(s) (Maiden, AKA, Etc.)	List Former Name(s) (Maiden, AKA, Etc.)
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Street Address	City	State	ZIP
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Telephone Number: _____ Date of Birth: _____

I am applying to be placed on a court interpreter roster as: certified-master level; certified;
 conditionally approved; registered

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 other state? -----Yes No
2. Have you ever pled guilty or been convicted of a crime as an adult or juvenile?
 Check YES, even if the conviction was sealed or the judgment was withheld
 (include traffic crimes, such as DUI, reckless driving, or driving without privileges,
 but do not include traffic infractions such as excessive speed). -----Yes No
3. Do you have criminal charges or warrants pending against you or are you on probation or
 parole in this state or any other state? -----Yes No
4. Have you ever had a valid child or adult protection action filed against you? -----Yes No
5. Has your driver's license ever been suspended or revoked? -----Yes No
6. Do you have a valid driver's license today? -----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 hereby 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 _____)

) ss.

County of _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

Signature

Residing at _____

My Commission Expires _____

**Please sign, date and provide all required information and return with your \$50 application fee.
Incomplete forms will be returned to sender.**

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