UNIVERSITY TRANSLATORS SERVICES, LLC

ORAL INTERPRETER REQUEST FORM

EMAIL REQUEST TO: REQUEST@UNIVTRANS.COM

ONLINE FORM WEBSITE: http://univtrans.com/interpreter-request-form/

Requested By:

Submission Date (Today's Date):	7/2/26
Name (Your name):	Brittany Thomas
Company / Organization Name:	Washtenaw County CMH
☎Phone number / Fax number::	734-544-3050
Email Address:	thomasb@washtenaw.org

Date & Time of Service:

SERVICE DATE (please include day of week in writing): 7/27/26 MO TU W TH F SA SU (please also circle the day of the week)	
⏲Start Time: (write start time below) 1:00 pm	⏲End Time: (best approximation) 2:30pm Please indicate how many hours you want to reserve? 2 hours

Request Information:

Language/Country of Origin or ASL or CART:	Spanish
Name of the Limited English Proficient (LEP) Person(s) and include title (e.g. parent, defendant, patient, witness, juvenile, suspect, etc.)	Alice Hernandez Acevevo
Subject (e.g. evaluation, divorce, domestic, etc.):	Autism Assessment
Type of Appointment (e.g. IEP, prelim hearing, pretrial, medical apt. sentencing):	Autism Assessment
Case /Patient/Consumer Number Date of Birth (if applicable):	AHA 1228855
Other Participants Names/Titles (e.g. Attorneys, Prosecutors, Witnesses, etc.):	Carmen Acevevo (Mom) Maggie Bett (Early On Staff)

Please add or attach pages that include any other information related to your request; the more informed your interpreter is the better!

☐REMOTE VIDEO INTERPRETING (RVI) (e.g. Zoom, GoogleMeet etc.) OR ✓ ON-SITE

Company / Organization Name	Washtenaw County CMH
Address / City / State / Zip	2140 E. Ellsworth, Ann Arbor, MI
Remote Link, Meeting ID, Password	
Meeting Contact Person	Robin Sanderson
☎Meeting Contact Person Cell Phone	734-664-0917

Billing Information (Where and to whom should we send the invoice?):

Organization Legal Name for Billing	Washtenaw County CMH
Address / City / State / Zip	555 Towner St. Ypsilanti MI 48197
Name of Billing Contact	Sally O'Neal

After we receive and fill your request, a confirmation will be forwarded to you via email.
If you do not receive a confirmation prior to the assignment, Please call UTS at 734-665-7295!

☏Phone number: / Fax number:	734-260-7229
Billing Contact Email Address:	(amoss@washtenaw.org)

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