UNIVERSITY TRANSLATORS SERVICES, LLC

INTERPRETER REQUEST FORM
EMAIL REQUEST TO: REQUEST@UNIVTRANS.COM
FAX REQUEST TO: 734-665-1345

REQUESTED By:

Submission Date (Today's Date):	07/02/2026
Name (Your name):	Autumn O'Grady/Lisa Labra/Julie Meyer
Company / Organization Name:	Court Services/Unified (14A)
☎Phone number / Fax number::	734-973-4545; fax 734-973-4693
Email Address:	ogradya@washtenaw.org/labral@washtenaw.org

DATE AND TIME of Service:

Service Date: (write day and date in this box) Tuesday 07/14/26	Day: MO (TU) WE TH F SA SU (circle or bold the day your need)
⏲Start Time: (write start time in this box) 9:00am	⏲End Time: (or best approximation) How many hours do you need with the interpreter? ~12:00 noon

REQUEST Information:

Language and Country of Origin:	Spanish/unknown origin
Name of Limited English Proficient (LEP) Person(s) and their Title(s):	Mr. Josue Manuel Franco-Reyes
Subject Matter/Charge if Legal:	① Asst/Bodily Harm < Murder Strang.; ② DV-Agg.
Type of Meeting/Hearing:	Preliminary Examination
Case Number: (if applicable)	26F2-07DJ
Other Participants Names/Titles:	Judge, court recorder, bailiff, prosecutor, defense attorney, jail transport, victim/witness

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

LOCATION of Services (Where should the interpreter arrive? Who is the contact person for the interpreter?)

Company / Organization Name	14A1 District Court ★In person★
Address/Room #/Courtroom #	4133 Washtenaw Ave. Before Judge Garwood
City / State / Zip	Ann Arbor, MI 48108
On-site Contact Person/Telephone	Autumn or Lisa
Please include a cell phone or direct contact telephone number for the contact person in the event we need to call the contact person (e.g. if there are any travel delays due to traffic/weather emergencies while the interpreter is en route.)	734-973-4545 (press 1 to be connected directly)

BILLING Information (Where should we send the invoice?):

Company / Organization Name:	Circuit Court Services
Address:	101 E. Huron St.
City, State & Zip	Ann Arbor, MI 48104
Attention:	Erin Humfleet-Campbell
☎Phone number:/ Fax number:	734-222-3095
Email Address:	campbelle@washtenaw.org

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!