 **DEPARTMENT INTERPRETER AUTHORIZATION FOR**

**GENERAL INFRACTION HEARINGS/**

**STIPULATED AGREEMENT**

Incarcerated individual name DOC number Unit/Cell

I affirm that I am a Department certified interpreter and authorized to interpret for the above-named for this general infraction hearing.

I will make a true interpretation of the proceeding in a language that the Limited English Speaking (LEP) individual will understand and will repeat the statements of the LEP individual in English to the Hearing Officer to the best of my skill and judgment.

I confirm that I was not involved in observation or an investigation of the infraction dealt with in this hearing and have no interest in the outcome.

Department Interpreter Signature Date

Hearing Officer Signature Date

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.**

Distribution: **ORIGINAL** - Department Interpreter

 **COPY** - Incarcerated individual, Hearing Officer, LEP Coordinator, Imaging file/Central File