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**KITE**

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| Name (print)/*Nombre (letra de molde*) | | Date/*Fecha* |
| DOC number/*Número DOC* | Facility/unit/cell / *Instalación/unidad/celda* | |
| Request interview with or answer from/*Solicita entrevista o respuesta de* | | |
| **Reason/Question**  Interpreter needed for (language)  ***Razón/Pregunta***  *Necesito intérprete para* *(idioma)* | | |
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| Signature*/Firma* | | Days off*/Días libres* |
| **Response*/Respuesta*** | | |
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| Responder*/Persona que responde* | | Date*/Fecha* |

**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 16-01, RCW 42.56, and RCW 40.14.**

Distribution: **WHITE** - Responder **CANARY** - Return response **PINK** - Requestor

*Distribución:* ***BLANCA*** *- Persona responde* ***AMARILLA*** *- Respuesta devuelta* ***ROSA*** *- Solicitante*

DOC 21-473ES (Rev. 12/31/23) DOC 390.585, DOC 450.100, DOC 450.500, DOC 490.800

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