



Judicial Council of California

INFORMATION UPDATE/ VERIFICATION
ALL INTERPRETERS: PLEASE FILL OUT FORM AND RETURN ONLY
IF YOU HAVE CHANGES

Name: _____ (Is this a new name? Yes/No)
Certification and/or Registration Number: _____

Contact information, including phone numbers and e-mail addresses, will be published on the Master List on the California Courts website and may also be provided, along with your mailing address, to trial court personnel on request, unless you indicate otherwise below.

E-mail address: _____

Mailing address:

Street/P.O. Box: _____

City: _____ State _____ Zip Code: _____

County and State in which you live: _____

Please mark "X" in the box if you want the following information published to the Master List.

- Home phone, Work phone, Cell, E-mail checkboxes and input fields.

GEOGRAPHIC AVAILABILITY (Please circle all counties in which you are available to work)

- Grid of checkboxes for California counties: Alameda, Glenn, Marin, Placer, San Mateo, Sutter, Alpine, Humboldt, Mariposa, Plumas, Santa Barbara, Tehama, Amador, Imperial, Mendocino, Riverside, Santa Clara, Trinity, Butte, Inyo, Merced, Sacramento, Santa Cruz, Tulare, Calaveras, Kern, Modoc, San Benito, Shasta, Tuolumne, Colusa, Kings, Mono, San Bernardino, Sierra, Ventura, Contra Costa, Lake, Monterey, San Diego, Siskiyou, Yolo, Del Norte, Lassen, Napa, San Francisco, Solano, Yuba, El Dorado, Los Angeles, Nevada, San Joaquin, Sonoma, Out of State, Fresno, Madera, Orange, San Luis Obispo, Stanislaus, All counties, Out of Country.

NAME CHANGE: If your name has changed, please provide:

Former Name (as it appears on the Master List): _____

New Name _____

If you have changed your name, you will require a new badge. Please return this form along with a \$15 check, cashier's check, or money order payable to the State of California. *Returned checks are subject to a \$15 returned check fee*

IDENTITY VERIFICATION

Please provide a scan or photocopy of your driver's license or other identification that shows your photo and date of birth. This information is requested to verify your identity and *will not* be retained.

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Judicial Council to release information contained herein, unless I have indicated otherwise.

Signature: _____ Date: _____

DECLARATION

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that any false or misleading statements may result in the forfeiture of my status as a certified court or registered interpreter and removal from the Judicial Council's Master List, in addition to other penalties provided by law.

Your new full name (print clearly): _____

Signature: _____ Date: _____

Mail completed update form to:

**Judicial Council of California
Court Interpreters Program
455 Golden Gate Avenue
San Francisco, CA 94102-3688**

Please keep a copy of the completed form for your records.