

*Clerk stamps date here when form is filed.*

**Use this form if:**

- The court has ordered you to participate in a program or service;
- AND**
- The program or service is not available in a language you speak, and language assistance is not available or is delayed.

**This form will allow you to explain your language need to the court and request a different order.**

*Fill in court name and address:*

**Superior Court of California, County of**

**Case Number:**

① Your full name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Language or languages you speak: \_\_\_\_\_

② Program or service ordered: \_\_\_\_\_

Date of the order: \_\_\_\_\_

Date the court ordered you to **complete** participation in the program or service: \_\_\_\_\_

*(Optional)* Describe your efforts to participate in the program or service:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

③ Select one of the following options:

I ask the court to modify the order because the program or service ordered is not available in a language I speak, and no language assistance has been offered or provided to help me access the program or service.

I ask the court to extend the deadline for participation in the program or service ordered by the court because there is a delay in providing language assistance.

Date when language assistance will be available *(if you know)*: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Sign your name*