



Registration Change Form

Registry of Interpreting Resources

Please type or print legibly

OLD INFORMATION - fill out this section completely.

FULL LEGAL NAME OF INTERPRETER OR AGENCY		SOCIAL SECURITY NUMBER / TIN	
MAILING ADDRESS (Include apartment or floor number if applicable)			
CITY	COUNTY	STATE	ZIP CODE + 4

NEW INFORMATION - provide information for each of the applicable changes listed below:

Change in **MAILING ADDRESS** - enter your new address below:

MAILING ADDRESS			
CITY	COUNTY	STATE	ZIP CODE + 4

Change in **NAME** - enter your new full, legal name below:

FIRST NAME	MIDDLE NAME(S)	SURNAME
------------	----------------	---------

Change in **TELEPHONE / EMAIL** - enter the new information below:

TELEPHONE INFORMATION	<input type="checkbox"/> DAYTIME: () -	<input type="checkbox"/> EVENING: () -
	<input type="checkbox"/> BEEPER: () -	<input type="checkbox"/> FAX: () -
	<input type="checkbox"/> CELLULAR: () -	<input type="checkbox"/> EMAIL:

Change in **AVAILABILITY** - enter your new availability below:

TIME	AREA OF SERVICE
<input type="checkbox"/> ANY TIME	<input type="checkbox"/> ALL OF NJ
<input type="checkbox"/> OTHER (specify) _____	<input type="checkbox"/> OTHER (specify) _____

Change in **LANGUAGE** (make sure you use the nomenclature in our "List of Languages")

REMOVE A LANGUAGE

Please **remove** me as an interpreter of the following language: _____

ADD A LANGUAGE

Please **add** me as an interpreter of the following language: _____

DESCRIBE ALL (A) T & I ACCREDIATIONS /CERTIFICATIONS AND (B) FORMAL AND INFORMAL EDUCATION (1) FOR THE LANGUAGE BEING ADDED AND AS (2) AN INTERPRETER / TRANSLATOR OF THAT LANGUAGE

ABOUT HOW MANY TIMES HAVE YOU WORKED AS A PAID INTERPRETER IN THIS LANGUAGE IN THE FOLLOWING?

MUNICIPAL COURT: | SUPERIOR / FEDERAL COURT: | OTHER LEGAL CONTEXTS:

SIGNATURE - fill out this section completely.

EFFECTIVE DATE FOR CHANGES Please indicate below the effective date of the change(s) reported.

DATE SIGNATURE

MAIL THIS FORM TO: LANGUAGE SERVICES SECTION
ADMINISTRATIVE OFFICE OF THE COURTS
P. O. BOX 988
TRENTON, NJ 08625-0988

Availability: Day(s)/Time(s)

Please confirm the day(s)/time(s) you are available for Judiciary assignments.
 Circle any additional day/time. Cross out any day/time that is incorrect.

<u>Days Available</u>	<u>Times Available</u>			
Anytime				
All Days	AM	PM	Evenings	
Mon-Fri	AM	PM	Evening	All Times
Monday	AM	PM	Evening	All Times
Tuesday	AM	PM	Evening	All Times
Wednesday	AM	PM	Evening	All Times
Thursday	AM	PM	Evening	All Times
Friday	AM	PM	Evening	All Times
Saturday	AM	PM	Evening	All Times
Sunday	AM	PM	Evening	All Times

Availability: County(ies)

Please confirm the county(ies) you are available for Judiciary assignments.
 Circle any additional county. Cross out any county that is incorrect.

All New Jersey	Atlantic	Gloucester	Ocean
	Bergen	Hudson	Passaic
	Burlington	Hunterdon	Salem
	Camden	Mercer	Somerset
	Cape May	Middlesex	Sussex
	Cumberland	Monmouth	Union
	Essex	Morris	Warren

Please attach to your Registration Change Form