

New Jersey Judiciary

Agency Registration Form for Inclusion in the Registry of Interpreting Resources

| General Informat | tion | | | | | | |
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| Name of Agency | | | | | | | |
| Mailing Address | | | | | Tax ID Number | | |
| City | | | Count | y | State | Zip Code + 4 | |
| Contact Information: | | | | | | | |
| \square Daytime (|) - | \square Evening () | | | |) - | |
| ☐ Cellular (|) - | | \Box Fax () - | | | | |
| ☐ Email | | | | | | | |
| Authorized Representative | | | | | | | |
| First Name Mic | | Middle Name | ame(s) Last 1 | | Name | | |
| Position/Title in Agency | | | | | | | |
| This agency will deliver court interpreting services in accordance with the terms and conditions of the Agency PSSW, the Code of Professional Conduct for Interpreters, Transliterators and Translators, and all Policies and Procedures Regarding Interpreting Services that are promulgated by the Judiciary. I have read the description of the requisite Knowledge, Skills, and Abilities required of court interpreters and will send only those interpreters who I am certain can perform the sight, consecutive and simultaneous modes of interpretation in a manner consistent with Canon 2 of the Code of Professional Conduct. I also understand that, except for my agency's address and tax identification number, my agency's information will be published in the <i>Registry</i> , which is a publicly-posted document on the Internet. All of the information I have provided is current, accurate, and true. | | | | | | | |
| Date | | Signature | | | | | |
| Please email your completed registration and additional required documents to: LangSvcs.Mailbox@njcourts.gov | | | | | | | |