



**OFFICE OF COUNTY HEARING OFFICER**  
**648 Kenneth Hahn Hall of Administration**  
**500 West Temple Street**  
**Los Angeles, California 90012**  
**(213) 972-5739**  
[OCHO@counsel.lacounty.gov](mailto:OCHO@counsel.lacounty.gov)

## REQUEST FOR LANGUAGE INTERPRETING AND CAPTIONING SERVICES

Requests are processed in the order they are received, so it is important to submit your request as soon as possible to increase the likelihood it will be filled. Ideally, submit your request no later than five (5) business days in advance of the hearing.

<b>Type of Interpreting Request:</b> Video Remote Interpreting (Online) On Site Interpreting (In Person)	<b>Type of Captioning Request:</b> Remote (Online) On Site (In Person)
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### Person(s) Requiring Services

Name	Phone	Email	Language
Name	Phone	Email	Language
Name	Phone	Email	Language

### Person Requesting Services/Point of Contact

Name	Phone	Email	Other Contact Info

### Hearing Information

Date:	Start Time:	End Time:	Time Zone:

Hearing Type:	Title of Hearing:
Additional Details:	

**In-Person Hearing Location (if applicable)**

Street Address:			Room Number:
City	State	ZIP	

**Online Hearing Information (if applicable)**

Hearing Platform Type:	If other, please specify.
Call-in Number & Passcode (if available):	
Web Hearing Hyperlink:	

By submitting this request, I affirm that the information provided in this request is accurate and complete to the best of my knowledge.

Signature:

Date:

Print Name:

Submission Instructions: Please submit this form along with any supporting documents to the Office of County Hearing Officer (OCHO) at the address provided above. You may submit in person, by mail, or by email at [OCHO@counsel.lacounty.gov](mailto:OCHO@counsel.lacounty.gov)